

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

FILED  
CLERKS OFFICE  
2005 JAN 20 P 3 16

DAVID H. DEAN,  
Plaintiff,

v.

LOWE'S HOME CENTERS, INC.,  
Defendant.

U.S. DISTRICT COURT  
DISTRICT OF MASS.  
CA No. 04-02605-mel

**DEFENDANT'S RULE 26(a)(1) DISCLOSURES**

Defendant Lowe's Home Centers, Inc. ("Lowe's") hereby makes its initial disclosures pursuant to Fed. R. Civ. P. 26(a)(1).

(A) The name and, if known, the address and telephone number of each individual likely to have discoverable information that the disclosing party may use to support its claims or defenses, unless solely for impeachment, identifying the subjects of the information.

1. David H. Dean  
Plaintiff  
36 Sagamore Street  
Lynn, Massachusetts

Likely to have information about plaintiff's employment at Lowe's, including the alleged incidents underlying his Complaint, and the damages, if any, plaintiff allegedly suffered as a result thereof.

2. Allen Lerch  
Lowe's  
153 Andover Street  
Danvers, Massachusetts 01923

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

3. Katherine Richard  
Lowe's  
153 Andover Street  
Danvers, Massachusetts 01923

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

4. Robert Estes  
Lowe's  
3195 Southwestern Blvd  
Orchard Park, NY 14127

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

5. Frank Romano  
Lowe's  
2796 Route 112  
Medford, NY 11763  
(631) 207-4541

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

6. Steven M. Sexton  
Lowe's  
15 Commerce Way  
Woburn, Massachusetts 01801  
(781) 376-5500

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

7. Wesley E. Anderson  
Lowe's  
153 Andover Street  
Danvers, Massachusetts 01923

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

8. Mark Gullotti  
Lowe's  
118 Second Avenue  
Brooklyn, NY 11215  
(718) 249-1151

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

9. Cheryl Smith  
Formerly employed by Lowe's

Contact information currently unknown

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

10. Kris Lovett  
Formerly employed by Lowe's

Contact information currently unknown

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

11. Steven Vaughn  
Formerly employed by Lowe's

Last known contact information:  
11435 Hunter Drive  
Yuma, AZ 85367  
(978) 594-5254

May have information about plaintiff's employment at Lowe's, including the alleged incidents underlying plaintiff's Complaint, and Defendant's response(s) thereto.

12. Kenneth Godin  
Formerly employed by Lowe's

Last known contact information:  
655 Jerome Avenue  
Bristol, CT 06010  
(860) 584-8443

May have information about plaintiff's employment at Lowe's,  
including the alleged incidents underlying plaintiff's Complaint, and  
Defendant's response(s) thereto.

13. Al Dunn  
Formerly employed by Lowe's

Last known contact information:  
167 Brittany Mnr., Apt. G  
Amherst, MA 01002  
(781) 932-2452

May have information about plaintiff's employment at Lowe's,  
including the alleged incidents underlying plaintiff's Complaint, and  
Defendant's response(s) thereto.

- (B) A copy of, or description by category and location of, all documents, data compilations, and tangible things that are in the possession, custody or control of the party and that the disclosing party may use to support its claims or defenses, unless solely for impeachment.

*Documents are attached hereto as Exhibit A.*

- (C) A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including material bearing on the nature and extent of injuries suffered.

*Not applicable.*

- (D) For inspection any copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

*Lowe's does not have an insurance agreement applicable to this case.*

Lowe's reserves the right to supplement these disclosures if necessary.

Respectfully submitted,

LOWE'S HOME CENTERS, INC.

By their attorneys,

A handwritten signature in black ink, appearing to be "DC", is written over a horizontal line.

David C. Casey (BBO # 77260)

Amy L. Nash (BBO # 647304)

LITTLER MENDELSON, P.C.

One International Place

Suite 2700

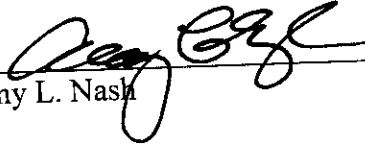
Boston, MA 02110

(617) 378-6000

Dated: January 20, 2005

**CERTIFICATE OF SERVICE**

I hereby certify that a true copy of the above document was served upon counsel for the plaintiff by mail on this 20th day of January 2005.

  
\_\_\_\_\_  
Amy L. Nash



Online Personnel Change 1

# Online Personnel Data Change Form

File this completed form in the employee's file.

Employee ID

015-44-0757

Name

David Dean

Effective Date  
(MM/DD/YYYY)

0512312002

New Location

New Department

0102

New Position Title

Regular

☒ Check one

Part-time

Check one.

Temporary

Full-time

☒

New Job Code

540014

New Hourly Rate

\$

Reason for Change

lateral move

Authorization ID

037-38-3795

Authorization  
Signature

Authorization Title

Store Manager

Please check your entries. If corrections are necessary, please fax this form to the Payroll Department.



# LOWE'S

## EMPLOYEE PERFORMANCE REPORT

Print Employee's Name <b>Dave Dean</b>		Location # <b>1094</b>	Department <b>RTM</b>	Date <b>4-01-02</b>
Check Type of Notice:		Check Reason for Employee Performance Report:		
<input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> FINAL NOTICE <input type="checkbox"/> TERMINATION		<input type="checkbox"/> COMMENDATION FOR GOOD JOB PERFORMANCE <input type="checkbox"/> VIOLATION OF COMPANY POLICIES <input checked="" type="checkbox"/> POOR JOB PERFORMANCE <input type="checkbox"/> OTHER _____		
Describe the conduct/performance (who, what, when, why, where and how). <b>Today April 1, 2002 I came in to a what seems to be become a familiar sight. The RTM area was atrocious the items that we received credit for were still on the dock, not shipped out. The appliances that have not received credit have no disposition on them as discussed in prior meetings with Dave. The inside of the cage is also extremely unorganized as well as the dock and work area. In my professional opinion I don't believe the RTM position is the best fit for Dave. Dave will be moved out of RTM's and placed in a different position that will allow him to succeed in this company instead decline. Follow-up is ongoing and violation of this or any other kind will be with disciplinary action up to and termination.</b>				
What is expected in the future? Include follow-up dates. <b>Dave will be moved out of RTM's and placed in a different position that will allow him to succeed in this company instead decline. Follow-up is ongoing and violation of this or any other kind will be with disciplinary action up to and termination.</b>				
List previous performance reports within the last 12 months:				
Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____ Date <b>4-01-02</b> <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason <b>Poor Job Performance.</b> Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____				
Employee Comments:				
Employee Signature does not mean the employee agrees with the content of this report, it only verifies that discussion about this report occurred.		Employee's Signature <b>Dave Dean</b>		Date <b>4/1/02</b>
Print Supervisor's Name <b>Steve A Vaughn Jr</b>		Supervisor's Signature <b>[Signature]</b>		Date <b>4/1/02</b>
Print Manager's Name <b>Robert E. Jones</b>		Manager's Signature <b>[Signature]</b>		Date <b>4-1-02</b>

This report does not modify the Contract of Employment, which is terminable at the will of either party, with or without cause, at any time, and for any reason.

Retain a copy in the employee's personnel file. Provide the employee a copy of the initial, written or final notice report.

# LOWE'S

## EMPLOYEE PERFORMANCE REPORT

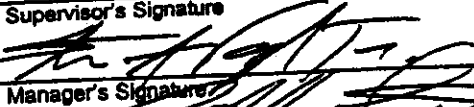
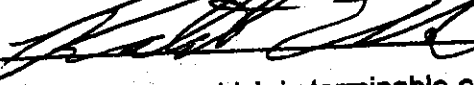
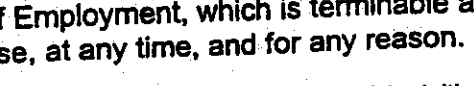
Print Employee's Name <u>Dave Deen</u>		Location # <u>1094</u>	Department <u>RTM</u>	Date <u>4-01-02</u>
Check Type of Notice: <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE <input type="checkbox"/> TERMINATION		Check Reason for Employee Performance Report: <input type="checkbox"/> COMMENDATION FOR GOOD JOB PERFORMANCE <input type="checkbox"/> VIOLATION OF COMPANY POLICIES <input checked="" type="checkbox"/> POOR JOB PERFORMANCE <input type="checkbox"/> OTHER _____		
Describe the conduct/performance (who, what, when, why, where and how) <u>Just recently we had inventory, and Andy Ramos was conducting some reviews for operations. When Andy went to view the RTM cleared report to see it was not properly, he found that it was not worked at all. Dave had been instructed and shown how to print this on several occasions, both by myself and Steve Vaughn. To this day the report is still not printed or worked.</u>				
What is expected in the future? Include follow-up dates. <u>Dave is expected to print the reports pertinent to his functions. Follow-up is ongoing and any other violation of this or any other K will be dealt with by disciplinary action up to and including termination.</u>				
List previous performance reports within the last 12 months: Date <u>1-20-02</u> <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____ Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____ Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____				
Employee Comments: _____ _____ _____				
Employee Signature does not mean the employee agrees with the content of this report, it only verifies that discussion about this report occurred. Print Supervisor's Name <u>Steve A Vaughn Jr</u> Print Manager's Name <u>Robert Estes</u>		Employee's Signature <u>Dave Deen</u> Supervisor's Signature <u>[Signature]</u> Manager's Signature <u>[Signature]</u>		Date <u>4/1/02</u> Date <u>4/1/02</u> Date <u>4/1/02</u>

This report does not modify the Contract of Employment, which is terminable at the will of either party, with or without cause, at any time, and for any reason.

Retain a copy in the employee's personnel file. Provide the employee a copy of the initial, written or final notice report.

# LOWE'S

## EMPLOYEE PERFORMANCE REPORT

Print Employee's Name <u>Dave Dean</u>		Location # <u>1094</u>	Department <u>RTM</u>	Date <u>1-20-02</u>
Check Type of Notice: <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE <input type="checkbox"/> TERMINATION		Check Reason for Employee Performance Report: <input type="checkbox"/> COMMENDATION FOR GOOD JOB PERFORMANCE <input type="checkbox"/> VIOLATION OF COMPANY POLICIES <input checked="" type="checkbox"/> POOR JOB PERFORMANCE <input type="checkbox"/> OTHER _____		
Describe the conduct/performance (who, what, when, why, where and how). <u>Today I had to sit down and have a discussion with Dave on the condition of the RTM Cage. On several occasions I've had to personally work overnight to help clean up his area. I told him I don't mind helping out, but he needs to maintain it. Dave has agreed and says that his efforts will increase to ensure that the area is well kept.</u>				
What is expected in the future? Include follow-up dates. <u>Follow up is ongoing -</u>				
List previous performance reports within the last 12 months: Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____ Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____ Date _____ <input type="checkbox"/> INITIAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FINAL NOTICE Reason _____				
Employee Comments:    				
Employee Signature does not mean the employee agrees with the content of this report, it only verifies that discussion about this report occurred. Print Supervisor's Name <u>Steve A Vaughn Jr.</u>		Employee's Signature  Supervisor's Signature  Manager's Signature 		Date <u>1/20/02</u> Date <u>1-20-02</u>
Print Manager's Name <u>Robert Estes</u>				

This report does not modify the Contract of Employment, which is terminable at the will of either party, with or without cause, at any time, and for any reason.

Retain a copy in the employee's personnel file. Provide the employee a copy of the initial, written or final notice report.

# Lowe's Strategic Training & Achievement Review / Career Development Review (STAR/CDR)

Last Name <u>Dean</u>		First <u>David</u>	Middle	STAR Effective Date
Job Title <u>RTM Clerk</u>		Reason for Review <input type="checkbox"/> Merit <input type="checkbox"/> Promotion <input checked="" type="checkbox"/> Other <u>90dr</u>		
STAR Standards (see back)		Exceeds Standard	Meets Standard	Does Not Meet Standard
01 Customer Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
02 Merchandising	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
03 Computer Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
04 Product Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
05 Loss Prevention & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
06 Attendance/Punctuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
07 Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
08 Report/Record Keeping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
09 Initiative, Teamwork & Reliability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Job Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12 Job Performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supervisor Comments* (please include explanation for failure to meet standard(s) if applicable): <u>Dave has recently found himself really grasping the different aspects of the RTM position. The area is coming together and needs some improvement on his attendance and on the organization of his paper work, like OFR and Cleared RTM reports.</u>				
Training Completed Since Last Review: Description and Date*			Last Review Date	
Training Goals For Next Review: Description & Date for Completion* <u>I would like for Dave to complete the SOS test on WKLD and all the receiving test as well.</u>				
♦ This section should be completed by employee only when employee meets or exceeds all standards. ♦ <b>Career Development Review</b> Please check the box that best matches how you feel about your work at Lowe's: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> I am very satisfied with the job I have at Lowe's and have little interest in a job change.  <input type="checkbox"/> I am satisfied with the job I have, but would like another job at my current level even more.  <input type="checkbox"/> I am very interested in exploring the training required for a promotion.  <input type="checkbox"/> I am not satisfied with my job and want to talk about other opportunities.         </div> <div>           Do you know how to apply for other jobs at Lowe's? <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> </div> What are your career goals? Have they changed since you started at Lowe's? How? Why?				
What training do you need to be more successful in your current job? A job you want in the future? <u>SOS - training so I can be more understanding to this procedure.</u>				
Employee Comments: <u>Being treated fairly is alright, being appreciated is good. Being compensated for a job such as RTM - is hopefully approaching. I like what I do with time I can do it better.</u>				
Store Manager Signature		Date	Store Manager Name (Printed)	
Supervisor Signature		Date	Supervisor Name (Printed)	
Employee Signature		Date	Month/Year of Next Planned Review	

**Online Personnel Data Change Form**  
File this completed form in the employee's file.

Employee ID

0 1 5 - 4 4 - 0 7 5 7

Name

David Dean

Effective Date  
(MM/DD/YYYY)

0 9 1 2 9 1 2 0 0 1

New Location

New Department

New Position Title

Regular

☒ Check one

Part-time

☐ Check one

Temporary

Full-time

☒

New Job Code

New Hourly Rate

\$ 1 1 . 9 5 0 0

(4.367)

Reason for Change

perf. inc.

OCT 12 2001

Kat

Authorization ID

0 3 7 - 3 8 - 3 7 9 5

Authorization  
Signature



Authorization Title

Store Manager

Please check your entries. If corrections are necessary, please fax this form to the Payroll Department.

L 0006



Social Security #: <b>015-44-0757</b>	Employee Name and Address: <b>Dean, David, H.</b> 26 Broad St. #17 Lynn, MA 01902	Print Date: 01.11.2001  Phone #: 781.592-6563
--	--	---

<b>JOB DATA</b>		Hire Date: 01.06.2001
Employment Classification: Full Time Regular Active		Last Action: Hire
Position Title: RTM Clerk IV		Last Action Date: 01.06.2001
Hourly Pay: \$11.00		
Full/Part time date: 01.06.2001		

PERSONAL DATA	EMERGENCY CONTACT INFORMATION	
Preferred Name: David	Jordan, Janie	
Birthdate: 07.17.1954	22 Union St.	
EEO Code: Black	Lynn MA 01902	
Gender: Male	781.595-5589	
Marital Status: Married		

<b>BENEFITS</b> *To change your benefits, ask your PTC or HR representative for guidelines and forms.			
Benefit Plan	Coverage	Begin Date	End Date
Long Term Disability	Pending		
Supplemental Life	Pending		
Personal Accident	Pending		
Medical	Pending		
Dental	Pending		
Life	Pending		
Dependent Life	Pending		

<b>DEPENDENTS</b>					
Spouse Name	SSN	Gender	Birthdate	Health Coverage	Dental Coverage
<b>Children</b>					

<b>TAX DATA</b> *With any Tax changes you must complete and mail appropriate forms to the G.O.			
Federal Marital Status: M	Federal Exempt Status: N	Federal Additional Amt: \$0.00	Federal Additional %: 0.000
Federal Withholding Allowances: 1	Federal Earned Income Credit: N		
Resident State Marital Status: M	Resident State Exempt Status: N	Resident State Additional Amt: \$0.00	Resident State Additional %: 0.000
Resident State Withholding Allowances: 0	Resident State: MA		
Work State Marital Status:	Work State Exempt Status:	Work State Additional Amt:	Work State Additional %:
Work State Withholding Allowances:	Work State:		
Resident Local Tax Locality:	Withholding Allowances:	Additional Amt:	Additional %:
Resident Local Tax Locality:	Withholding Allowances:	Additional Amt:	Additional %:

<b>Employment Data Change Authorization</b>	
The above information is correct ( or changes are marked ). Please correct wrong information.	
_____ Employee Signature	_____ Management Signature
_____ Date	_____ Date
** Instructions for EDV: For new hires only Employee - Review/Correct/Sign ** PTC - File signed original/ Send copy of corrections to payroll	

L 0007

Location: 1094

Dean, David, H.						Sales #: 0	
015-44-0757	Region 7	Area 871	Location 1094	Dept 0603	Hire Date 01.06.2001	Status Active	Print Date 01.11.2001
<b>RATE CHANGE</b>							
Effective Date	Hourly Rate		Biweekly Rate	Annual Rate	Pay Method		
01.06.2001	\$11.00		\$880.00	\$22,880.00	Hourly		No
	New Rate:	%					
Rate Change: Performance \$ _____ % _____ Promotion \$ _____ % _____ Demotion \$ _____ % _____ Market Adjust. \$ _____ % _____ Total \$ _____ % _____				Special Pay Instructions:  * Promotion Drug Test Date: _____			
Increases more than 10% require DM approval, more than 25% RVP approval.							

<b>TRANSFER</b> ** When transfer between state/locality, appropriate tax forms are required.				<b>Job Change or Transfer Codes</b>	
Effective Date	Location	Department	Code		
01.06.2001	1094	0603	HIR		
<b>JOB CHANGE</b> ** Inform employees changing to full-time about benefit enrollment.					
Effective Date	Job Code	Job Title	Code		
01.06.2001	SH0044	RTM Clerk IV	FT	HIR	
			FT PT TMP		
				PRO Promotion NJC Transfer only no job change DEM Demotion (See HR Guide 112) LAT Lateral move JRC Job reclassification FPT FT to PT or Seasonal PTF PT or Seasonal to FT VRG Voluntary reduction in grade	

\*\* NOTE: If employee is transferring locations, complete address change on reverse side.

<b>LEAVE APPROVALS</b>				<b>Leave Codes/See HR Guide 303 for FMLA rules</b>	
Begin Date	Expected Return Date	Last Day Worked	Code		
				LPT Inactive PT or Seasonal FMI, FMI.A (if eligible) L.L.W Layoff lack of work LMF, Medical (FMLA) L.WC Alleged worker's comp L.HP Hardship, personal (non FMLA) L.MS Military service (if greater than 30 days)	
Actual Return to Work Date = >					

<b>TERMINATION</b> ** See HR Guide 112				<b>Comments: (Required for no or provisional rehires)</b>	
Termination Date	Last Day Worked	Code	Rehire - Circle One		
			Yes No Provisional		
<b>Voluntary termination codes:</b> VAB Abandoned Job DEA Death VFI Failure to return from leave VHE Health VOE Other Employment - Job related VOP Other Employment - Personal VPE Personal VRT Retirement VRS Return to school VRE To relocate VUR Unknown reason		<b>Involuntary termination codes:</b> IAR Alteration of records IDO Failed to meet DOT requirements IDP Failed drug and alcohol policy IFD Failure to follow instructions, proc. IFA Fighting/Affray IIN Insubordination IJE Job elimination IJI Loading/Unloading w/o proper invoice ILW Lack of work IWP Left work w/o permission ICL Location closing INQ Not qualified - no misconduct		<b>Involuntary termination codes (Continued):</b> IAF Falsification of Application IOT Other (must explain in comments section) IRD Reckless damage of company property IRC Rudeness to customers ITE Seasonal job ended IJF Inability to perform essential job functions IPC Unauthorized possession of Lowe's property IAT Unsatisfactory attendance IJP Unsatisfactory job performance IDA Use, possession or under influence of drugs or alcohol IPJ Willful failure to perform job IVR Violation of company rules ICE Violation of condition of employment	
APPROVAL SIGNATURE:		Date:		APPROVAL SIGNATURE:	
1.				2.	
Soc. Sec. #:		Title:		Soc. Sec. #:	
APPROVAL SIGNATURE:		Date:		APPROVAL SIGNATURE:	
3.				4.	
Soc. Sec. #:		Title:		Soc. Sec. #:	
Soc. Sec. #:		Title:		Soc. Sec. #:	
Comments:					

L 0008

Dean, David, H.						Sales #: 0	
015-44-0757	Region 7	Area 871	Location 1094	Dept 0603	Hire Date 01.06.2001	Status Active	Print Date 01.11.2001
<b>RATE CHANGE</b>							
Effective Date	Hourly Rate	Biweekly Rate	Annual Rate	Pay Method			
01.06.2001	\$11.00	\$880.00	\$22,880.00	Hourly	No		
	New Rate:	%					
Rate Change: Performance \$ _____ % Promotion \$ _____ % Demotion \$ _____ % Market Adjust. \$ _____ % Total \$ _____ %				Special Pay Instructions:  * Promotion Drug Test Date: _____			
Increases more than 10% require DM approval, more than 25% RVP approval.							

<b>TRANSFER</b> ** When transfer between state/locality, appropriate tax forms are required.				<b>Job Change or Transfer Codes</b>	
Effective Date	Location	Department	Code		
01.06.2001	1094	0603	HIR		
<b>JOB CHANGE</b> ** Inform employees changing to full-time about benefit enrollment.					
Effective Date	Job Code	Job Title	Code		
01.06.2001	SH0044	RTM Clerk IV	FT	HIR	
			FT PT TMP		

\*\* NOTE: If employee is transferring locations, complete address change on reverse side.

<b>LEAVE APPROVALS</b>				<b>Leave Codes/See HR Guide 303 for FMLA rules</b>	
Begin Date	Expected Return Date	Last Day Worked	Code		
Actual Return to Work Date = >					

<b>TERMINATION</b> ** See HR Guide 112.				<b>Comments: (Required for no or provisional rehire)</b>	
Termination Date	Last Day Worked	Code	Rehire - Circle One		
			Yes No Provisional		
<b>Voluntary termination codes:</b> VAB Abandoned Job DEA Death VFL Failure to return from leave VHE Health VOE Other Employment - Job related VOP Other Employment - Personal VPE Personal VRT Retirement VRS Return to school VRE To relocate VUR Unknown reason		<b>Involuntary termination codes:</b> IAR Alteration of records IDO Failed to meet DOT requirements IDP Failed drug and alcohol policy IFD Failure to follow instructions/proc. IFA Fighting/Affray IIN Insubordination IJE Job elimination ILI Loading/Unloading w/o proper invoice ILW Lack of work IWP Left work w/o permission ICI Location closing INQ Not qualified - no misconduct		<b>Involuntary termination codes (Continued):</b> IAF Falsification of Application IOT Other (must explain in comments section) IRD Reckless damage of company property IRC Rudeness to customers ITE Seasonal job ended IJE Inability to perform essential job functions IPC Unauthorized possession of Lowe's property IAT Unsatisfactory attendance IJP Unsatisfactory job performance IDA Use, possession or under influence of drugs or alcohol IPJ Willful failure to perform job IVR Violation of company rules ICE Violation of condition of employment	
APPROVAL SIGNATURE:		Date:		APPROVAL SIGNATURE:	
1.				2.	
Soc. Sec. #:		Title:		Soc. Sec. #:	
APPROVAL SIGNATURE:		Date:		APPROVAL SIGNATURE:	
3.				4.	
Soc. Sec. #:		Title:		Soc. Sec. #:	
Comments:					



**WORK HISTORY**

LIST WORK HISTORY BEGINNING WITH THE CURRENT OR MOST RECENT EMPLOYERS AND MILITARY SERVICE				EMPLOYMENT DATES			
Company Name	New Boston	Tel. #	978-774-1800	What type of work do you do?	TEMP	From	Month 11 Year 00
Address	85 CONSTITUTION LANE	Name and title of your supervisor?	JIM	Reason for leaving?	PRESENT	To	Month PRESENT Year
City	DANVERS	State	MA	What type of work did you do?	RTV CLERK	From	Month 3 Year 00
Company Name	HOME DEPOT	Tel. #	978-741-9299	Name and title of your supervisor?	SHERRI	To	Month 11 Year 00
Address	5 TRADERS WAY	Reason for leaving?	NOT WORKING ANY MORE	What type of work did you do?	TEMP	From	Month 3 Year 00
City	SATURN	State	MA	Name and title of your supervisor?	PAUL	To	Month 3 Year 00
Company Name	ARROW ELECTRONICS	Tel. #	978-974-4976	Reason for leaving?	ASSIGNMENT ENDED	From	Month 3 Year 00
Address	85 CONCORD ST	Name and title of your supervisor?	PAUL	What type of work did you do?	TEMP	To	Month 3 Year 00
City	N. READING	State	MA	Reason for leaving?	ASSIGNMENT ENDED	From	Month 3 Year 00
Company Name	AMERICAN STAFFING	Tel. #	978-974-4976	Name and title of your supervisor?	PAUL	To	Month 3 Year 00
Address	UNION ST	Reason for leaving?	ASSIGNMENT ENDED	What type of work did you do?	TEMP	From	Month 3 Year 00
City	Lynn	State	MA	Name and title of your supervisor?	PAUL	To	Month 3 Year 00
State	MA	Zip	01902	Reason for leaving?	ASSIGNMENT ENDED	From	Month 3 Year 00
State reason and length of any inactivity between employers.				To assist us in verifying your prior employment, have you ever worked under another name?			
May we contact your present employer for a work reference? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				If yes, list name			

**Availability**

What type of employment are you seeking?  
(Check each classification you are willing to work.)

☒ Full-Time ☐ Part-Time ☐ Seasonal

Length of employment desired:

☒ Over a year ☐ Less than a year  
☐ Summer/Seasonal - From \_\_\_\_\_ to \_\_\_\_\_

How soon can you start working for Lowe's?

Number of hours you would prefer to work each week

Maximum number of hours you can work each week

We hire people to work during hours we're closed to the public as well as times we are open for business. To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day by completing the chart on the right.

Day	Earliest Time	Latest Time
Sun.		RETURNS / CLOSING
Mon.		ALL DAY
Tue.		"
Wed.		"
Thu.		"
Fri.		"
Sat.		"

If hired, the hours you have listed will be taken into consideration in our scheduling process. If you have any conflicts, please list them: \_\_\_\_\_

**Important****APPLICANT'S AGREEMENT AND CERTIFICATION. READ BEFORE SIGNING.**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in disciplinary action up to and including termination.

I hereby authorize all of my present and former employers, school authorities and persons listed as personal references to furnish Lowe's, or any agent acting on its behalf, information concerning my personal character, work habits and employment record (such as a statement of the reasons for the termination or separation of my employment), work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release all such persons and Lowe's and their respective officers, directors, employees, or agents, in both their individual and representative capacities, from any and all liability for damages of whatever nature arising from furnishing or receiving the requested information.

Lowe's is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of Lowe's choice, at anytime during the course of my employment with Lowe's. I also understand that, upon written request, I will be informed if a consumer credit report was requested, and if such a report was requested, I will be told the name and address of the agency furnishing the report.

I understand that I may be required to undergo screenings for substance abuse (drugs) as a condition of my employment.

I also understand that all employment with Lowe's Companies, Inc. and its Subsidiaries, Lowe's Home Centers, Inc. and the Contractor Yard, Inc. or any affiliate thereof is 'at will' and may be terminated by Lowe's or by me at any time and for any reason or no reason at all with or without notice.

Lowe's is an equal opportunity employer. Our policy is to consider all applicants for employment based on their qualifications and our current job vacancies. Applicants are considered without regard to race, color, religion, sex, national origin, age, disability, or marital status or any other category that may be protected under applicable law.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

L 0010

Daniel H. Dean

1/2/00

## HIRING PROCESS

Thank you for interest in Lowe's. Our commitment to excellence begins with hiring the most qualified candidate. We want to provide you with information about Lowe's to help you make an informed decision to apply. Before you begin the formal application process, please read this statement of basic standards and requirements. If you feel that you can comply, we welcome your application. Please acknowledge your understanding by signing your name on the line provided below.

**SUBSTANCE ABUSE** — Lowe's provides a substance-free workplace. All candidates will undergo urinalysis and/or hair testing to determine any level of controlled substance. A confirmed positive drug test will result in disqualification or termination.

**BACKGROUND CHECKS** — Lowe's will conduct an extensive background check which may include verification with the Social Security Administration, Department of Motor Vehicles, criminal Courts, state and county repositories of criminal records, credit bureaus, and employer mutual associations. Falsification of information or failure to provide information can result in disqualification, or termination if discovered after hire.

**EMPLOYMENT INTERVIEWS** — Several interviews may be conducted with you in order to determine if you are the best candidate and to provide more detailed information regarding your work history and qualifications.

**SURVEYS** — Various surveys may be administered to determine your attitude and aptitude in job-related areas.

**PHYSICAL EXAMINATION** — Some positions in the company require a physical examination.

**CUSTOMER SATISFACTION** — All of Lowe's Employee Owners commit to provide our customers knowledgeable and friendly assistance whenever needed, regardless of where each job is performed.

I have read and understand the employee selection process utilized by Lowe's. ☒

process utilized by Lowe's.

*David J. Dean*

Applicant's SIGNATURE

**DATE**

**NOTE: We intend to fully verify all information on your application. Be complete and accurate in your responses. Falsification or omission of information will lead to termination.**

**NOTE: An objection does not necessarily disqualify an applicant from consideration.**

**Would you be willing to:**

### Work overtime when needed?

**Work holidays (not including Thanksgiving and Christmas)?**

**Work a schedule that changes from week to week?**

## Interrupt your break to help a customer?

## Be at work on time every time?

**Report to work and remain free from being under the influence of drugs or alcohol?**

**Wear safety equipment required for  
your job?**

**Work in an environment that may sometimes be hot or cold, dusty and noisy?**

**Please explain objections you may have to any of the conditions noted above, such as the desire for a part-time schedule.**

## RATE YOURSELF

Circle the number that best describes you.  
One is average, five is excellent.

**FRIENDLINESS: 1**

## HELPFULNESS: 1

**WORK ETHIC:**

**HONESTY:**

**TEAM PLAYER:**

# Lowe's Strategic Training & Achievement Review/Career Development Review (STAR/CDR)

Last Name <b>Dean</b>	First <b>David</b>	Middle <b></b>	STAR Effective Date <b>1-6-02</b>
Job Title <b>RTM Clerk</b>		Reason for Review <input type="checkbox"/> Merit <input type="checkbox"/> Promotion <input checked="" type="checkbox"/> Other <b>Annual</b>	

STAR Standards (see back)	Exceeds Standard	Meets Standard	Does Not Meet Standard
01 Customer Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
02 Merchandising	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
03 Computer Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
04 Product Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
05 Loss Prevention & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
06 Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
07 Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08 Report/Record Keeping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
09 Initiative, Teamwork & Reliability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Job Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Supervisor Comments\* (please include explanation for failure to meet standard(s) if applicable):  
**David has the knowledge and can certainly perform this job. I think that his constant time away from work is directly affecting the productivity. He also needs to be more organized especially w/ all the reports and OER log.**

Training Completed Since Last Review: Description and Date\*  
**N/A**

Training Goals For Next Review: Description & Date for Completion\*  
**David needs to cross-train w/ price checker. 1-6-03**

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\*This section should be completed by employee only when employee meets or exceeds all standards.\*

### Career Development Review

Please check the box that best matches how you feel about your work at Lowe's

What are your career goals? Have they changed since you started at Lowe's? How? Why?

Do you know how to apply for other jobs at Lowe's? ☐ Yes ☐ No

☐ I am very satisfied with the job I have at Lowe's and have little interest in a job change.

☐ I am satisfied with the job I have, but would like another job at my current level even more.

☐ I am very interested in exploring the training required for a promotion.

☐ I am not satisfied with my job and want to talk about other opportunities.

What training do you need to be more successful in your current job? A job you want in the future?

**1 yr - has help me familiarize with my duties and more time will be an ally in RTM functions.**

Employee Comments:

**Major concerns are appliances, tools, and other items needs to be marked with what's wrong with it plus receipts of purchases, that helps the return process turn over.**

Store Manager Signature	Date	Store Manager Name (Printed)
Supervisor Signature	Date	Supervisor Name (Printed)
Employee Signature	Date	Month/Year of Next Planned Review

**David Dean 1/30/02**

L 0012



**STEP 5 Overall Evaluation:** Look for employees who have been generally pleased with their former workplace and have sound reasons for wanting to work for Lowe's, such as better benefits, wages, and promotional opportunities.

Complete the overall evaluation of this applicant as a potential Lowe's employee based on the factors listed below. Use the following rating scale: 1 = Excellent, 2 = Good, 3 = Average, 4 = Poor.

CRITERIA	ASM EVALUATION				STORE/CO-MANAGER EVALUATION			
	1	2	3	4	1	2	3	4
Friendliness/Professionalism	1	2	3	4	1	2	3	4
Knowledge and Experience Level	1	2	3	4	1	2	3	4
Ability to fulfill the Company's commitment to Customer Satisfaction	1	2	3	4	1	2	3	4

**STEP 6 Hiring Decision:** THIS SECTION TO BE COMPLETED JOINTLY BY THE ASSISTANT STORE MANAGER AND STORE MANAGER

HIRE? YES ☒ NO ☐ (If no, send postcard #90400)

RECOMMENDED POSITION: RTM RECOMMENDED WAGE: \$ 11.00

ORIENTATION DATE: 1-06-01

ASST. STORE MGR. SIGNATURE: [Signature] DATE: 1-02-01

STORE MANAGER SIGNATURE: [Signature] DATE: 1-2-01

**Previous Employer/Personal Reference Verification: PTC TO COMPLETE THIS STEP**

Document previous employer's comments below using this rating scale: 1 = Excellent, 2 = Good, 3 = Average, 4 = Poor

	Employer:				Employer:				Employer:			
	1	2	3	4	1	2	3	4	1	2	3	4
• Job performance?	1	2	3	4	1	2	3	4	1	2	3	4
• Punctuality?	1	2	3	4	1	2	3	4	1	2	3	4
• Attendance?	1	2	3	4	1	2	3	4	1	2	3	4
• Eligibility for re-hire?	1	2	3	4	1	2	3	4	1	2	3	4
• Ability to get along with co-workers?	1	2	3	4	1	2	3	4	1	2	3	4
• Ability to get along with supervisors?	1	2	3	4	1	2	3	4	1	2	3	4

Contact: Comments:	Contact: Comments:	Contact: Comments:
-----------------------	-----------------------	-----------------------

If applicant is hired, maintain this form with employment file. If applicant is not hired, retain this form and attach to the employment application.

# LOWE'S

## EMPLOYMENT INTERVIEW FORM

Lowe's is an Equal Opportunity Employer

Applicant's Name	Date
<i>Dean, David</i>	<i>01/02/01</i>

### STEP 1: Job Explanation

Discuss the following issues with the applicant

Topic	Check to indicate you have discussed
Job Title	<i>CSA RTM</i>
Job Class (Full-time, Part-time, Seasonal)	<i>FT</i>
Starting Rate of Pay	<i>22k Yearly</i>
Work Schedule (list any restrictions you have agreed to)	<i>Sunday - noon - close</i>
Drug Free Work Place	<input checked="" type="checkbox"/>
Background Check	<input checked="" type="checkbox"/>
Overtime Requirements	<input checked="" type="checkbox"/>
Uniform/Appearance Standards	<input checked="" type="checkbox"/>
Hiring Process Steps	<input checked="" type="checkbox"/>

### ADA REQUIREMENTS

- Review ADA Job Description with each applicant. The applicant will read and sign the Job Description indicating they have reviewed the requirements.
- Is the applicant able to perform the essential functions of the job with or without a reasonable accommodation? ☐ Yes ☐ No
  - If no, the applicant cannot be considered further for this position.
- If the applicant requests accommodations to perform the job, document the request below.

**DO NOT AGREE TO ANY ACCOMMODATION DURING THE INTERVIEW. IMMEDIATELY CONTACT YOUR REGIONAL HUMAN RESOURCES MANAGER FOR GUIDANCE.**

### LOWE'S EMPLOYMENT INTERVIEW FORM INSTRUCTIONS

1. Prepare for the interview by reviewing the Job Description.
2. Review the application. The applicant must have completed an application for this job. If there are gaps in the employment history, or if any required signatures are missing ask the applicant to complete the application.
3. Follow the questions on the guided interview form.
4. Why is the applicant leaving the previous or current employer? We are looking for employees who are reasonably content with their workplace and or employer. Applicants who are negative about former work situations will more than likely find fault with all employers.



<b>STEP 2: PTC TO COMPLETE</b>	
Paragon Survey for Hourly Store Associates (for all CSA-retail/commercial-cashier, return desk & loader positions)	
Applicant's Social Security No. :	Date of PARAGON Survey: / /
Store Location of PARAGON Survey: #	PARAGON Assessment Method: On-Line Paper and Pencil
Assessment Score:	Survey Number:
Reid Survey: All Associates	Recommendation: If QR, did the applicant satisfactorily answer follow-up questions:

<b>STEP 3: ASSISTANT STORE MANAGER TO COMPLETE THIS STEP</b>	
Character and Values:	
Ask the Following Questions	Record Applicant's Response Below
1. How will your previous experience help you in this job?	Previous R.T.M. experience, good phone communications
2. What are some things a store can do and you can do to create a positive impression on our customers?	sales people available, understand and explain cust. needs, awareness
3. What will it take in order for you to be satisfied and fulfilled in this job?	treated fairly, respected, stay professional
4. Tell me about your last supervisor. Was he/she a good supervisor? Why or why not?	Yes - Attentive, responded to needs
5. Give me an example of a time when your boss really made you mad.	
6. Give me an example of a skill you are trying to improve on.	
7. Give me an example of a time when your boss or co-worker recognized you for doing something outstanding.	
8. Tell me about your most challenging customer.	G.E. vendor could not get response, offered optids, took their time - used resources to get hold of higher-ups
9. What were your complaints about your previous job?	NONE
10. What is the worst experience you have had dealing with a co-worker? How did you resolve it?	

Knowledge, Skills, Experience and Training			
Determine if the applicant meets the minimum required knowledge, skills and experience by asking the following questions about each skill relevant to the job.			
Discuss each skill listed with the applicant to determine level of proficiency. Ask the applicant:	Does the applicant possess the minimum appropriate knowledge, skills and experience?		
• How did you acquire these skills? • Which skills are strongest and weakest?	YES	NO	N/A
Customer Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cashier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forklift	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving/CDL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocking/Order Selection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden Center/Nursery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Decor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware/Tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building/Construction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue-Print Takeoffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4: Additional Character and Values: STORE/CO-MANAGER TO COMPLETE THIS STEP	
Ask the Following Questions	Record Applicant's Response Below
1. How did your previous company treat employees? Can you give me examples?	Build you up then - Take you down -
2. Tell me about the promotional opportunities at your last job. Were they fairly administered? What should determine promotions?	Ware - under kept him trapped in hrs department
3. What type of supervisor have you found to be the easiest to work with? Most difficult?	See them and be there for them
4. If I asked a personal friend outside your job to describe you, what would they say?	Good Guy
5. What is your definition of good customer service? Bad customer service?	Customer is always right.

Contact APG (800) 841-9700 the day of or before making a job offer.	
<input type="checkbox"/> Sent for drug screen	WOTC # _____ ELIGIBLE: YES <input type="checkbox"/> NO <input type="checkbox"/>

## EMPLOYMENT RECORD

Social Security Number		015-44-0757			
Name (Last, First, Middle)		DEAN DAVID H.		Preferred Name	
Street		26 BROAD ST # 17			
City		LYNN		State	MA
Home Phone		781-592-6563			
Marital Status (check one)		<input type="checkbox"/> Single (S) <input checked="" type="checkbox"/> Married (M) If not single, enter date this status became effective <u>12/24/79</u> <input type="checkbox"/> Widowed (W) <input type="checkbox"/> Divorced (D) <input type="checkbox"/> Separated (E)			
Sex (check one)	<input checked="" type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)	Ethnic Group (check one)	<input type="checkbox"/> White (1) <input checked="" type="checkbox"/> Black (2) <input type="checkbox"/> Hispanic (3) <input type="checkbox"/> Asian/Pacific Islander (4) <input type="checkbox"/> American Indian (5)		
Birthdate		7/17/54			

## EMERGENCY NOTIFICATION

Name (Last, First, Middle)		JANIE JORDAN			
Address		22 UNION ST			
City		LYNN, MA		State	MA
Relationship (check one)		<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER RELATIVE <input checked="" type="checkbox"/> FRIEND		Zip Code 01902 PHONE NUMBER 781-595-5589	

## OFFICE USE ONLY

Hire Date	1/6/01	Location #	1094	Department #	613
Position #	SH0044	Position Title	RTM Clerk		
Employment Classification (check one)		<input checked="" type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Seasonal			
Pay Rate/Method			Special Instructions		
HOURLY BASE PAY RATE	BIWEEKLY SALARIED/DRAW BASE PAY RATE	CONTRACTOR OVERRIDE %		L 0017	
\$ 11.00 per hour	\$ biweekly rate	CAR ALLOWANCE			

## APPROVAL

PTC/Location HR Manager Signature	Date	Location Manager Signature	Date
Kat Richard	1-6-01	Katie Chappell	1-6-01



## LOWE'S HAZARDOUS MATERIALS PROGRAM

### EMPLOYEE RIGHT TO KNOW AND HAZARDOUS MATERIALS RESPONSE

7. Combustible and flammable materials give off vapors that may ignite given a spark or flame?  
☒ TRUE ☐ FALSE
8. If a product is missing its label, you can sell the product at a discount?  
☐ TRUE ☒ FALSE
9. Every employee is responsible for knowing how to clean up spills and properly labeling the spill bag for Hazardous Waste.  
☒ TRUE ☐ FALSE
10. With any chemical spill, you should ask all customers and other unnecessary employees to move a safe distance away from the spill area?  
☒ TRUE ☐ FALSE
11. After you have cleaned up a chemical spill, the absorbed material can be discarded into the trash.  
☐ TRUE ☒ FALSE
1. The OSHA Standard requires that employers provide:
- A written hazard communication program.
  - Assessment of hazardous chemicals in the workplace.
  - Availability of Material Safety Data Sheets (MSDS).
  - Training on how to properly respond to hazards posed by chemicals in the workplace.
  - ☒ All of the above

**MULTIPLE CHOICE**

## LOWE'S HAZARDOUS MATERIALS PROGRAM

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### EMPLOYEE RIGHT TO KNOW AND HAZARDOUS MATERIALS RESPONSE

2. Which of the following will corrode or burn other materials and skin?
  - a. Muriatic Acid
  - b. Chlorine
  - c. Drain Cleaners
  - d. Concrete Cleaners
  - ☒ e. All of the above
  
3. Chemical products that are damaged and cannot be reduced and sold or used at the store must be:
  - a. Properly bagged and labeled
  - b. Authorized employee must take out of inventory
  - ☒ c. Must be placed in hazardous waste drum by authorized employee
  - d. Thrown away
  
4. Which of the following ways can a chemical enter the body?
  - a. Ingestion through the mouth
  - b. Inhalation through the lungs
  - c. Absorption through the skin
  - ☒ d. All of the above
  
5. If I am exposed to a hazardous product I should wash the immediate affected area, then:
  - a. Contact my supervisor
  - b. Obtain an MSDS to assure I have taken all necessary precautions
  - ☒ c. Both a and b

## LOWE'S HAZARDOUS MATERIALS PROGRAM

### EMPLOYEE RIGHT TO KNOW AND HAZARDOUS MATERIALS RESPONSE

6. What Federal agency is responsible for the creation of the Hazard Communication Standard?

- a. EPA
- ☒ b. HazMat Support
- ☒ c. OSHA
- d. DOT

7. Match the product to the hazard class.

- |                    |                       |
|--------------------|-----------------------|
| <u>B</u> Corrosive | A = Paint Thinner     |
| <u>A</u> Ignitable | B = Muriatic Acid     |
| <u>D</u> Toxic     | C = Chlorine Granules |
| <u>C</u> Reactive  | D = Malathion         |

8. A signal word(s) might be:

- a. Danger
- b. Caution
- c. Warning
- ☒ d. All of the above

9. What should be your concerns when there is a chemical spill or leak?

- a. Avoiding physical harm to customers and employees
- b. Not making the spill worse
- c. Safe handling and disposal
- ☒ d. All of the above

## LOWE'S HAZARDOUS MATERIALS PROGRAM

### EMPLOYEE RIGHT TO KNOW AND HAZARDOUS MATERIALS RESPONSE

10. The Spill Pack is to be used for:
- a. Corrosive chemical spills
  - b. Ignitable chemical spills
  - c. Reactive chemical spills
  - d. Toxic chemical spills
  - ☒ e. All hazardous chemical spills
11. If a chemical spill occurs in the parking lot, what would be your best response?
- a. Flush area with water
  - ☒ b. Contain the spill with sand, vermiculite, or lime to prevent from going into a storm drain and contact HazMat Support for instructions
  - c. Absorb with sawdust and discard in trash
12. What are my concerns when responding to an ignitable spill? (circle all that apply)
- ☒ a. Fire Hazard
  - ☒ b. Health Hazard
  - ☒ c. Corrosive Hazard
  - d. None of the above
13. Circle the items which would be found in your Spill Pack.
- ☒ a. Safety goggles
  - ☒ b. Absorbent pads
  - ☒ c. Can of Copenhagen
  - ☒ d. Chemical resistant gloves

## LOWE'S HAZARDOUS MATERIALS PROGRAM

### EMPLOYEE RIGHT TO KNOW AND HAZARDOUS MATERIALS RESPONSE

14. What is the #1 priority when handling chemical spill?
- a. Being a hero
  - b. Panicking
  - ☒ c. Safety of personnel and customers
15. To find out additional information regarding the Lowe's Hazmat Program, I can contact:
- a. Police
  - b. Our stores trainer
  - ☒ c. Loss Prevention, Safety & Hazmat Department - ext. 4095

#### SCORE TOTALS

1. (True or False) Number Correct: 11 (11 possible)
2. (Multiple Choice) Number Correct: 15 (15 possible)
- Total Correct: 26 (26 possible)

#### GRADING

- 20 - 26 correct *(Excellent! Keep up the good work.)*
- 15 - 19 correct *(Good! Study the Employee manual more.)*
- 10 - 14 correct *(Below average. Review the video again and test.)*
- 0 - 9 correct *(Poor. Review the video and manual again and test.)*

NOTE: This completed and graded quiz will be kept in your training file folder.

LOWE'S of 1) DANVERS # 1094**UNIVERSAL TYPE I TRAINING****BLOODBORNE PATHOGENS QUIZ AND TRAINING DOCUMENTATION  
(TO BE GIVEN TO ALL EMPLOYEES DURING NEW HIRE ORIENTATION)**

1. What are bloodborne pathogens? *Are micro-organisms that cause illness (Hepatitis "B") (Aids),*
2. What is meant by the term "universal precautions?" *Means treating any bodily fluids (accidents) with the right precautions, process the risks.*
3. What is the first thing you should do when involved in a situation where there is a possibility of contact with blood or other body fluids? *Where protective gloves, clean area contacted with fluid with water, bleach, or alcohol.*
4. What do you need to clean up contaminated fluids and debris? Where are these items located in your store? *Gloves, goggles - etc. First Aid stations located throughout the store. Was area with alcohol, or bleach. "Spill-Packs"*
5. Who should be contacted immediately if a accident or spill occurs. *To supervisor or authorize personnel; may this be reported.*

I affirm that I have been trained under: **UNIVERSAL - TYPE I** \_\_\_\_\_Employee Signature: Daniel H. Dean Print Name: DAVID H. DEANEmployee Social Security Number: 015-44-0757Instructor/Trainer: \_\_\_\_\_ Date: 1/6/01**\*\*Test must remain in the employee's training file for a minimum of 3 years.***[Handwritten signature]*

**LOWE'S HAZARDOUS MATERIALS PROGRAM****CONFIRMATION OF  
HAZARD COMMUNICATION TRAINING**

EMPLOYEE DAVID H. JEAN POSITION RTM  
 SUPERVISOR B. ESTES TRAINING DATE 1/6/01  
 LOCATION NAME DANVERS NO. 1094

The Hazard Communications workshop included information on the following subjects:

- I. GENERAL INFORMATION ON HAZARDOUS MATERIALS
  - A. Material Safety Data Sheets are available on hazardous chemicals
  - B. Hazardous chemicals/materials list
- II. MATERIAL SAFETY DATA SHEETS (MSDS)
  - A. Sheets are available on hazardous chemicals
  - B. Location of MSDS
  - C. Information on the data sheets
    1. Name of product
    2. Hazardous ingredients and primary entry into body
    3. Physical data
    4. Fire and explosion data
    5. Health hazards
    6. Reactivity
    7. Spill or leak procedure
    8. Special protection information
    9. Special precautions
- III. LABEL AND OTHER FORMS OF WARNINGS
  - A. Information on labels such as identity, appropriate hazard warning
  - B. Name and address of manufacturer
  - C. Hazard warnings may be words or symbols
  - D. Labels shall not be removed or defaced on incoming containers

*I have received basic information on the above subjects.*

EMPLOYEE David H. Jean SS# 015-44-0757

*I verify that the employee has been instructed on the above subjects.*

INSTRUCTOR \_\_\_\_\_

**COMPLETED FORM TO BE FILED IN YOUR LOCATION EMPLOYEE FILE  
ALONG WITH YOUR CURRENT COMPLETED QUIZ**



# MANAGEMENT TRAINING FOR FULL SERVICE AREAS

NAME <b>DAVID H. DEAN</b>	SS # <b>015-44-0757</b>	JOB TITLE <b>RTM</b>
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**Instructions:**

- Manager will obtain operational competency on each 'Full Service' skill. listed below
- The level of competency to be achieved will allow the manager to perform the skill, and be able to teach it to other employees.
- Training will consist of knowledge (obtained from Leadership School Training Guides/Booklets and/or Manufacturer's Manuals) and On-The-Job (OJT).
- Trainer indicates date training was completed; trainer and trainee initial when training has been completed on the skill. The Trainer may be another manager or an experienced hourly employee.

SKILL	TRAINING MATERIAL(S)	TRAINER'S NAME	DATE TRAINING COMPLETED	TRAINER'S INITIALS
Glass Cutting	• OJT		01/08/01	
Insulation Blower Rental	• Manufacturer's Instructions • OJT		01/08/01	
Panel Saw & Radial Saw Tng.	• OJT		01/08/01	
Screen Cutting	• OJT		01/10/01	
Cashier Training	• Cashier How-To-Workbook • UT Training Manual • Check Authorization Quick Reference Guide • IBM 4683/4 Training Manual • Multimedia CBT Training (where available) • OJT		1/9/01	
SOS Transactions	• SOS Training & Administrative Guide • OJT		1/10/01	
Installed Sales Transactions*	• OJT (*where applicable)		1-10-01	
Propane Tank Exchange	• OJT			
Rug Doctor Products	• Manufacturer's Instructions • OJT		1/8/00	
Electrical Cable Cutting	• OJT		1/8/01	
Chain Cutting	• OJT		4/08/01	
Key Cutting	• Axes Training Guide (& Audio Tape) • OJT		01/08/01	
Re-Keying Locks	• Manufacturer's Instruction Sheet • OJT			
Rope & Chain Cutting	• OJT		01/08/01	

732-1300



# **LOWE'S POWER EQUIPMENT TRAINING TEST** Page 1 of 2

NAME DAVID H. DEAN DATE 1/10/01

## **LIFT TRUCK BASICS** (Circle correct answer)

1. ☒ A ☐ B ☐ C
2. ☒ A ☒ B ☐ C
3. ☒ A ☐ B ☒ C
4. ☒ A ☐ B ☐ C
5. ☒ A ☐ B ☐ C
6. ☒ A ☐ B ☐ C
7. ☒ A ☐ B ☐ C
8. ☒ A ☐ B ☐ C
9. ☒ A ☐ B ☐ C
10. ☒ A ☐ B ☐ C
11. ☒ A ☐ B ☐ C
12. ☒ A ☐ B ☐ C
13. ☒ A ☐ B ☐ C
14. ☒ A ☐ B ☐ C
15. ☒ A ☐ B ☐ C
16. ☒ A ☐ B ☐ C
17. ☒ A ☐ B ☐ C ☐ D
18. ☒ A ☐ B ☐ C ☐ D
19. ☒ A ☐ B ☐ C ☐ D
20. ☒ A ☐ B ☐ C ☐ D
21. ☒ A ☐ B ☐ C ☐ D
22. ☒ A ☐ B ☐ C ☐ D
23. ☒ A ☐ B ☐ C ☐ D
24. ☒ A ☐ B ☐ C ☐ D
25. ☒ A ☐ B ☐ C ☐ D
26. ☒ A ☐ B ☐ C ☐ D
27. ☒ A ☐ B ☐ C ☐ D
28. ☒ A ☐ B ☐ C ☐ D
29. ☒ A ☐ B ☐ C ☐ D
30. ☒ A ☐ B ☐ C ☐ D
31. ☒ A ☐ B ☐ C ☐ D
32. ☒ A ☐ B ☐ C ☐ D
33. ☒ A ☐ B ☐ C ☐ D

## **LIFT TRUCKS AT LOWE'S** (Circle correct answer)

1. ☒ A ☐ B
2. ☒ A ☐ B
3. ☒ A ☐ B
4. ☒ A ☐ B
5. ☒ A ☐ B ☐ C
6. ☒ A ☐ B ☐ C
7. ☒ A ☐ B ☐ C
8. ☒ A ☐ B ☐ C
9. ☒ A ☐ B ☐ C
10. ☒ A ☐ B ☐ C

## **COUNTER BALANCE** "FORKLIFT" (Fill in the blanks)

1. ☒ X
2. ☒ X
3. ☒ X
4. ☒ X
5. ☒ X
6. ☒ X
7. ☒ X

(Circle the correct answer)

8. ☐ A ☒ B ☐ C
9. ☐ A ☒ B ☐ C
10. ☐ A ☐ B ☐ C ☒ D
11. ☒ A ☐ B ☐ C ☐ D
12. ☐ A ☐ B ☐ C ☒ D
13. ☐ A ☐ B ☐ C ☐ D
14. ☐ A ☒ B ☐ C ☐ D
15. ☒ A ☐ B ☐ C ☐ D
16. ☐ A ☐ B ☐ C ☐ D
17. ☐ A ☐ B ☐ C ☐ D

PLEASE USE THIS FORM TO RECORD YOUR ANSWERS. DO NOT MARK ON THE SELF-STUDY WORKBOOK.

5/16/01  
DC

**LOWE'S POWER EQUIPMENT TRAINING TEST** **Page 2 of 2**Please initial DAD**STOCK PICKER****"CHERRY PICKER"**

(Circle correct answer)

- |    |          |          |          |
|----|----------|----------|----------|
| 1. | A        | <u>B</u> |          |
| 2. | A        | <u>B</u> | <u>C</u> |
| 3. | A        | <u>B</u> | <u>C</u> |
| 4. | A        | <u>B</u> | <u>C</u> |
| 5. | <u>A</u> | <u>B</u> |          |
| 6. | A        | <u>B</u> |          |
| 7. | A        | <u>B</u> |          |
| 8. | A        | <u>B</u> |          |
| 9. | A        | <u>B</u> |          |

**ELECTRIC PALLET JACK**

(Circle correct answer)

- |     |          |          |          |
|-----|----------|----------|----------|
| 1.  | <u>A</u> | B        | <u>C</u> |
| 2.  | <u>A</u> | B        | <u>C</u> |
| 3.  | <u>A</u> | B        | <u>C</u> |
| 4.  | <u>A</u> | B        | <u>C</u> |
| 5.  | <u>A</u> | B        | <u>C</u> |
| 6.  | A        | <u>B</u> |          |
| 7.  | A        | <u>B</u> |          |
| 8.  | A        | <u>B</u> |          |
| 9.  | A        | <u>B</u> |          |
| 10. | A        | <u>B</u> |          |

**REACH LIFT-"STAR WARS"**

(Circle correct answer)

- |     |   |          |          |   |          |
|-----|---|----------|----------|---|----------|
| 1.  | A | B        | <u>C</u> | D | <u>E</u> |
| 2.  | A | B        | <u>C</u> |   |          |
| 3.  | A | B        | <u>C</u> |   |          |
| 4.  | A | <u>B</u> |          |   |          |
| 5.  | A | <u>B</u> |          |   |          |
| 6.  | A | <u>B</u> |          |   |          |
| 7.  | A | <u>B</u> |          |   |          |
| 8.  | A | <u>B</u> | C        | D |          |
| 9.  | A | <u>B</u> |          |   |          |
| 10. | A | <u>B</u> | C        | D | E        |

**STORE SAFETY**

(Circle correct answer)

- |     |          |          |          |
|-----|----------|----------|----------|
| 1.  | A        | <u>B</u> | <u>C</u> |
| 2.  | A        | <u>B</u> | <u>C</u> |
| 3.  | A        | <u>B</u> | <u>C</u> |
| 4.  | A        | <u>B</u> | <u>C</u> |
| 5.  | <u>A</u> | <u>B</u> | <u>C</u> |
| 6.  | A        | <u>B</u> |          |
| 7.  | <u>A</u> | <u>B</u> |          |
| 8.  | A        | <u>B</u> | <u>C</u> |
| 9.  | A        | <u>B</u> | <u>C</u> |
| 10. | <u>A</u> | <u>B</u> | <u>C</u> |
| 11. | <u>A</u> | <u>B</u> | <u>C</u> |
| 12. | <u>A</u> | <u>B</u> |          |
| 13. | A        | <u>B</u> |          |
| 14. | A        | <u>B</u> | <u>C</u> |
| 15. | <u>A</u> | <u>B</u> |          |

PLEASE USE THIS FORM TO RECORD YOUR ANSWERS. DO NOT MARK ON THE SELF-STUDY WORKBOOK.

**S561CB**

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## WHAT IS ZONE 4?

Simply put, Zone 4 is a large chunk of the store. From the Back End to the Front End, Zone 4 is responsible for every piece of freight a store receives and sells.

More specifically, Zone 4 is:

Area	Positions	Supervisors
Front End	<ul style="list-style-type: none"> <li>Cashiers</li> <li>Customer Service/Return Desk</li> <li>Administrative Office</li> <li>Loaders</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Store Manager Zone 4</li> <li>Zone Manager</li> <li>Administrative/Customer Service</li> </ul>
Back End	<ul style="list-style-type: none"> <li>Receiving Department</li> <li>Stocking Crew</li> <li>Delivery Department</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Store Manager Zone 4</li> <li>Zone Manager</li> <li>Receiving/Stocking/Delivery</li> <li>Receiving/Stocking Specialist</li> <li>Delivery Specialist</li> </ul>

## WHAT DOES A ZONE 4 ASSISTANT MANAGER DO?

As the Assistant Manager for Zone 4, you have the opportunity to be THE driving force in your store. From Front to Back, you're in charge.

It all begins in the receiving/stocking area. It's your responsibility to ensure that all merchandise coming into the store is accurately received and quickly stocked. Our goal of Superior Customer Satisfaction demands that your zone meets that responsibility.

A customer's experience both begins and ends on the front end. From the parking lot to the check-lane, your zone will impact a customer's first and last impression of the store. Again, our goal of Superior Customer Satisfaction demands that your zone meets that challenge.

And we can't forget the paperwork -- Receiving Reports, Daily Business, Expense Transmittals, Inventory Reports... the list goes on. From Back End to Front End, your store's profitability will be determined by how well Zone 4 performs its administrative duties.

## HOW DOES A ZONE 4 MANAGER DO IT?

It's tough -- you do have a challenge ahead of you. But with that challenge comes reward -- if Zone 4 runs well, the whole store profits. Following is a guide to help you navigate the responsibilities that come with Zone 4.

## Back End Table of Contents

### What Do I Do and When Do I Do It?

Zone 4 Manager Back-End Checklist	page 1
Delivery Vehicle and Driver Checklist	page 2
Good Faith Reference Sheet	page 3
How to Schedule Inbound Freight	page 4
	page 5

### There's A Lot Going On Back Here!

Administrative Reports/Process Reference Guide	page 6
Life of a Delivery -- Salesperson Duties	pages 7-11
Life of a Delivery -- Delivery Department Duties	page 12
Out for Repair -- Customer Merchandise	page 13
Out for Repair -- Store Stock Merchandise	page 14
Planogram/Rollback Implementation Schedule	pages 15-16
How to Work the Store Inventory Report (per billing)	page 17
Return To Manufacturer (RTM) Reference Guide	page 18
RTM Rules to Save Time and Money	pages 19-20
	page 21

### How To Receive

Crossdocks	page 22
ICBs	page 23
RDC -- Good Faith	page 24
Replacement Parts (RPs)	page 25
Security Cage Items	page 26
Special Orders (SOS)	pages 27-28
SDC & Reload Centers	pages 29-30
UPS	page 31
Vendor Direct	page 32
Purchase Order Not on File	page 33
Steps to Signing Receiving Paperwork	page 34
	pages 35-40

Back-End Table of Contents Continued on Next Page

## Back End Table of Contents, Continued

### Receiving: How to Handle Damaged Merchandise

Non-Lowe's Shippers (Crossdock, UPS, Vendor)	page 41
RDC -- Good Faith and Non-Good Faith	pages 42-43
Special Orders (SOS) and Replacement Parts (RPs)	page 44
SDC and Reload Centers	page 45
Concealed Damage -- Non-Lowe's Shippers	pages 46-47
	page 48

### Receiving: How to Handle Shortages

Non-Lowe's Shippers (Crossdocks, UPS, Vendor)	page 49
RDC -- Good Faith	page 50
SDC and Reload Centers	pages 51-53

# WHAT DO I DO & WHEN DO I DO IT?

**Round in this Section**  
 Zone 4 Manager Back-End Checklist  
 Delivery Vehicle & Driver Checklist  
 Good Faith Reference Sheet  
 Scheduling Inbound Freight

page 2  
 page 3  
 page 4  
 page 5

## BACK END CHECKLIST

summary of Zone 4 Assistant Manager responsibilities

### DAILY

Verify completion of Suspended Price Changes (*P&P BS-02*)  
 Review all Receiving Reports with discrepancies and damages (*P&P AD-31*)  
 Check Delivery Log for completeness and scheduling efficiency (*P&P SA-01*)  
 Evaluate topstock organization and safety and form a plan for correcting  
 problem areas (*P&P SF-03*)  
 Review MR Log for completeness and verify that all MRs are accounted for  
 (*P&P AD-37*)  
 Ensure that delivery drivers will not exceed 11 hrs per day and 55 hrs per week  
 Review previous day's delivery and warehouse loading tickets (for two-gun  
 stores) for customer signatures and employee initials (*P&P AD-44*)  
 View Daily Inventory Reconciliation Reports (*P&P AD-31*)  
 Ensure that all receiving is processed daily (*P&P AD-31*)

### WEEKLY

Review Daily Vehicle Inspection reports for completeness (*P&P AD-52*)  
 Review a random selection of 20 Receiving Reports (*P&P AD-31*)  
 Review Section 5 (Late Receiving Reports) from the Daily Inventory  
 Reconciliation Reports. Research RRs more than 30 days late (*P&P AD-31*).  
 Review the Plasmagram/Rollback Implementation Schedule for upcoming retests  
 Review the Weekly Cleared RTM report to verify that problems have been  
 researched and corrected — research RTMs on report not marked with an "X"  
 (*P&P AD-53*)  
 Ensure Price Integrity Auditor performs daily price/UPC audits (*P&P BS-02*)  
 Review Out-for-Repair log and files for completeness and verify that OFR  
 accounts balance with outstanding loading tickets (*P&P AD-54*)  
 Review Store Inventory Report (Per Billing) and verify that adjustments are  
 explained — initial each "A" to indicate it was reviewed (*P&P AD-31*)  
 Ensure that store is not using SDC stack racks for storage — these must be  
 returned to the SDCs during monthly pick-ups  
 Ensure that store is following Quikrete pallet program (*P&P SF-21*)  
 Inspect Battery Return area and Hazardous Material Cage for safety  
 compliance (*P&P AD-46* and *P&P SF-18*)  
 Inspect RTM area for product more than 30 days old

### MONTHLY

Review truck and forklift maintenance files (*P&P SF-11*)  
 Check a delivery driver for CDL and DOT medical and road test cards (*P&P AD-51*)  
 Inspect SOS bins for refunded orders and unclaimed RPs (*P&P SA-24*)  
 Review Equipment Utilization Report (*P&P SF-11*)  
 Review RTMs Aged 60 Days or Older report to verify that problems are  
 researched and corrected and that appropriate POD documents are mailed to  
 Corporate Trades Payable (*P&P AD-53*)  
 Compare store RP Log to Dash-7 to verify RP charges (*P&P AD-47*)



# DELIVERY VEHICLE & DRIVER REQUIREMENTS CHECKLIST

for further information, refer to DOT Compliance Manual (#90661),  
P&P AD-32, and P&P SF-11

- Ensure that a Daily Vehicle Inspection Report is completed every day by the last driver using each vehicle
- Ensure that Daily Vehicle Inspection Reports for last 90 days are kept in each vehicle's Truck Maintenance File
- Ensure that each vehicle has an up-to-date red Preventative Maintenance Card in its Truck Maintenance File
- Ensure that photocopies of maintenance and repair invoices are kept on file to support any maintenance or repair work indicated on the Preventative Maintenance Cards.
- Ensure that each driver carries an appropriate license, DOT medical card, and road test cards at all times
- Ensure that each driver works no more than 11 hrs per day and 55 hrs per week (including time spent driving for another employer)
- Ensure that store and GO Driver Qualification Files are maintained to company and DOT requirements
- Ensure that store complies with DOT hauling requirements for gasoline.
- Ensure that the Equipment Utilization Report is completed each month

## GOOD FAITH REFERENCE GUIDE

for further information, refer to P&P AD-31

	Problem	Store action	DOS action
Truck Seals	<ul style="list-style-type: none"> <li>Truck seals do not match bill of lading</li> <li>Seals broken by driver</li> <li>No seals</li> </ul>	<ol style="list-style-type: none"> <li>Call RDC traffic department</li> <li>Have driver sign to acknowledge seals not present or intact</li> <li>Break seals (if present) and detail receive truck with LRT gun</li> <li>Notify DOS of discrepancy</li> </ol>	<ol style="list-style-type: none"> <li>Notify RDC Loss Prevention</li> <li>Give date, requisition number, seal number on truck, seal number on bill of lading, and carrier name</li> </ol>
Cross Dock	Crossdock is listed on bill of lading but not on the truck	<ol style="list-style-type: none"> <li>Document Bill of Lading as short and have driver initial</li> <li>Notify DOS</li> </ol>	<ol style="list-style-type: none"> <li>Contact RDC Quality Assurance Coach</li> <li>Give date and requisition number</li> </ol>
	Receives crossdock belonging to another store	<ol style="list-style-type: none"> <li>Notify RDC Quality Assurance Coach</li> <li>Notify DOS and hold merchandise in receiving area until DOS determines course of action</li> </ol>	<ol style="list-style-type: none"> <li>Contact RDC Quality Assurance Coach</li> <li>Either arrange for store to receive merchandise or arrange for merchandise to be sent to another store</li> <li>Ship by ICB or through RDC assistance</li> </ol>
Load Condition	Load appears to be poorly packed or has excessive damage	<ol style="list-style-type: none"> <li>Complete damage claim on all items with a cost of more than \$25</li> <li>Take picture of load to attach to damage claim</li> <li>Notify DOS only if condition occurs frequently</li> </ol>	<ol style="list-style-type: none"> <li>Notify RDC Quality Assurance Coach</li> <li>Give date, requisition numbers, and store number</li> <li>If load conditions don't improve, contact RDC L.P.</li> </ol>
Discrepancies	Wrong store # on box	<ol style="list-style-type: none"> <li>Notify the RDC Quality Assurance Coach</li> <li>Refer to the freight bill to determine whether the item(s) were supposed to be part of your shipment</li> <li>If merchandise was not intended for your store, the RDC QA Coach will determine whether: a) your store should add it to inventory through a store use cycle count (code #145 - reference the requisition # and date on the document), or b) the RDC should add it to your store's inventory and remove it from the inventory of the store it was intended for.</li> <li>Provide weekly feedback to DOS</li> </ol>	Monitor for ongoing problems
	Discrepancy on security items	<ol style="list-style-type: none"> <li>Notify RDC QA Coach if tape or banding on overpack boxes is not secure</li> <li>Notify RDC QA Coach if store's physical count does not match totals on Security Manifest Page</li> <li>Notify RDC QA Coach if you find security items that are not designated with the CAGE department code or if you find the CAGE code on items that are not security concerns (plumbing fittings, cleaning products, etc.)</li> <li>If either #1 or #2 applies, contact DOS</li> </ol>	<ol style="list-style-type: none"> <li>Notify RDC Loss Prevention</li> <li>Give date, requisition number, and store number</li> </ol>
	Discrepancy found through daily cycle counts. Trace back to previous requisition.	<ol style="list-style-type: none"> <li>Correct inventory through the process outlined in P&amp;P AD-31</li> <li>Provide weekly feedback to DOS</li> </ol>	Monitor for consistent problems
Bill of Lading	No paperwork on a dropped trailer	<ol style="list-style-type: none"> <li>Check in handle of roll up door on back of truck</li> <li>Check in box on front side of trailer</li> <li>Call RDC traffic department, verify seals, and receive truck</li> <li>Contact carrier for bill of lading</li> <li>Contact DOS if problem is consistent</li> </ol>	Monitor for ongoing problems

**HOW TO SCHEDULE INBOUND FREIGHT**

for further information, refer to P&amp;P AD-31

<b>Receiving Windows</b>	<ul style="list-style-type: none"> <li>We have 3 windows for you to use as guidelines for scheduling incoming freight.</li> <li>Rather than schedule a specific time, you should schedule the delivery for one of these three windows:  window 1: 7am - 10am  window 2: 10am - 1pm  window 3: 1pm - 4pm</li> </ul>
<b>Standing Delivery Appointments</b>	<p>The following carriers should have standing delivery times established and will not need to call to schedule an appointment:</p> <ol style="list-style-type: none"> <li>Lowe's distribution trucks (RDC, SDC, Lumber Reload Centers)</li> <li>Lowe's preferred LTL carriers.</li> <li>Vendor direct carriers that make regular runs between stores. Example: Croft delivers to your store between 7am and 10am every Tuesday and also delivers to other area Lowe's stores the same day.</li> </ol>
<b>Scheduling Vendors and Carriers</b>	<p>All vendors and carriers without standing delivery appointments must call to schedule an appointment.</p> <ol style="list-style-type: none"> <li>24 hr advance notice: Vendors and carriers should call 24 hours in advance to schedule the delivery.</li> <li>24 hr guarantee: Lowe's guarantees that it will schedule appointments <i>within 24 hours of the vendor's or carrier's requested time.</i></li> <li>Priority to vendors servicing multiple Lowe's stores: We give priority to vendors making multiple stops at other Lowe's stores because the less time they spend delivering to us the less our freight charge will be.</li> </ol>

Please direct any questions to the Lowe's Traffic Department at ext. # 4564.

**THERE'S  
A LOT  
GOING ON  
BACK  
HERE!**

<b>Found in this Section</b>	
Administrative Reference Guide	pages 7-11
Life of a Delivery - Salesperson Duties	page 12
Life of a Delivery - Delivery Department Duties	page 13
Out for Repair - Customer Merchandise	page 14
Out for Repair - Store Stock Merchandise	pages 15-16
Planogram/Rollback Implementation Schedule	page 17
How to Work the Store Inventory Report (Per Billing)	page 18
Return To Manufacturer (RTM) Reference Guide	pages 19-20
RTM Rules to Save Time and Money	page 21

## Administrative Reports/Process Reference Guide

WHAT IT IS	WHERE IT COMES FROM	WHAT IT'S FOR	WHAT YOU DO WITH IT	WHO DOES IT	WHERE YOU FILE IT
<b>Bill of Lading</b> for further information, refer to P&P AD-31	presented by delivery driver upon arrival at store	<ul style="list-style-type: none"> <li>this is the legal document stores sign to take possession of merchandise</li> <li>lists each purchase order on the shipment, including the number of units (pallets, pieces, etc.) in each purchase order</li> <li>lists all shipping information, including shipper's and receiver's addresses, ship date, and carrier name</li> </ul>	<ul style="list-style-type: none"> <li>store's receiver should record any discrepancies on this document and request that the driver sign as acknowledgment</li> <li>discrepancies must also be noted on driver's copy of bill of lading</li> </ul>	receiving department	file for one year (attached to receiving report) in receiving office
<b>Crossdock Shipment</b> for further information, refer to P&P AD-31	vendor shipment that is delivered on RDC or SDC trucks	<ul style="list-style-type: none"> <li>the vendor prepares individual store orders and ships them in bulk to the distribution centers</li> <li>the distribution centers then includes these crossdock shipments in their regular store deliveries</li> </ul>	<ul style="list-style-type: none"> <li>receivers should always check the Bill of Lading for crossdock shipments</li> <li>each crossdock shipment will have its own packing list</li> <li>crossdocks should always be LRT received - even if they arrive on a Good Faith truck</li> <li>receiving clerk should attach a photocopy of bill of lading to the Receiving Report</li> </ul>	receiving department	attach packing slip to receiving report and file for one year in receiving office
<b>Daily Vehicle Inspection Report</b> for further information, refer to P&P AD-32	report (#90002) completed daily at store level	provides a record of each vehicle's daily formal inspection	at the end of each day, the driver last using the vehicle will perform a formal inspection of the vehicle and record his findings on the report	delivery driver	file for three months in delivery or receiving office
<b>Delivery Log</b> for further information, refer to P&P SA-01	log maintained at store level	provides a record of each day's deliveries	log each delivery as it leaves the store, including the customer's name, invoice number, departure time, and driver(s) - when driver(s) return, log the completion time	delivery specialist	file for three years in delivery/receiving office

7

## Administrative Reports/Process Reference Guide, Continued

WHAT IT IS	WHERE IT COMES FROM	WHAT IT'S FOR	WHAT YOU DO WITH IT	WHO DOES IT	WHERE YOU FILE IT
<b>Equipment Utilization Report</b> for further information, refer to P&P SF-11	report completed monthly at store level	provides a record of truck and lift use over the past month	<ul style="list-style-type: none"> <li>each month complete the report for each vehicle and lift, including beginning and ending odometer readings, mileage, fuel used, and dollar value delivered</li> <li>mail a copy of the report to the G.O. Fleet Department (mail code FS)</li> </ul>	delivery specialist or zone manager-receiving	file for six months in delivery or receiving office
<b>Hand Tally</b> for further information, refer to P&P AD-31	form (#90101) completed at store level	used when receiving ICBs, special orders, and stock orders with no PO on file	<ul style="list-style-type: none"> <li>after verifying the order's "ship to" address, the receiver will list the PO number and item counts on the tally sheet <i>without referring to the packing slip</i> - the receiving clerk will process the PO based on this count</li> <li>counts should be tallied by unit, not totals - for example, a quantity of four received should be tallied "1,1,1,1," not "4"</li> <li>for orders with inactive Pos, the receiving clerk will contact the buyer to activate the PO number so the order can be received in the store system</li> </ul>	receiving department	attach to Receiving Report and file for one year in receiving office
<b>Inventory Reconciliation Reports</b> for further information, refer to P&P AD-31	transmitted daily - will appear on reports on hold screen (9.5)	<ul style="list-style-type: none"> <li>provide a detailed record of previous day's inventory activity</li> <li>transmits in seven sections, including receiving reports processed, late receiving reports, ICBs, store use, and adjustments</li> </ul>	<ul style="list-style-type: none"> <li>review reports daily</li> <li>each Monday print Section 5 (Late Receiving Reports) and investigate any purchase order that is more than 30 days late - record your findings and corrective actions on the report</li> </ul>	zone manager-receiving or zone 4 assistant manager	file section 5 for four weeks in receiving office

8



## Administrative Reports/Process Reference Guide, Continued

WHAT IT IS	WHERE IT COMES FROM	WHAT IT'S FOR	WHAT YOU DO WITH IT	WHO DOES IT	WHERE YOU FILE IT
<b>Merchandise Return (MR) Form/Log</b> for further information, refer to P&P AD-37	<ul style="list-style-type: none"> <li>forms (#90145) completed at store level</li> <li>log (#90059) maintained at store level</li> </ul>	MR forms are completed when an employee receives returned merchandise in a location where the refund cannot be processed (delivery pick up, yard, warehouse, etc.)	<ul style="list-style-type: none"> <li>employee will complete an MR form as proof that the merchandise was returned and can be refunded</li> <li>the refund must be processed within 24 hrs of the completion of the MR form</li> <li>unused MR forms must be kept in a secured area (locking drawer, safe, etc.)</li> </ul>	delivery specialist, zone manager-receiving, or zone 4 assistant manager	<ul style="list-style-type: none"> <li>file forms for one year in receiving office</li> <li>file log for two years in receiving office</li> </ul>
<b>Packing List</b> for further information, refer to P&P AD-31	PO listing included by the shipper with incoming stock and SOS orders	provides the shipment's details, including: <ul style="list-style-type: none"> <li>the model number and quantity shipped</li> <li>the shipper's and receiver's addresses</li> <li>the carrier's name</li> <li>the date shipped</li> </ul>	<ul style="list-style-type: none"> <li>reference the packing list to determine the PO number before beginning to receive the shipment</li> <li>sign the packing list, noting the store number and date</li> <li>attach the packing list to the Receiving Report</li> </ul>	receiving department	attach to Receiving Report and file for one year in receiving office
<b>Planogram/Rollback Implementation Schedule</b>	mailed to store every two weeks	provides a schedule of upcoming resets and includes two sets of each new planogram	<ul style="list-style-type: none"> <li>place one copy of the planogram in the store Planogram Notebook (available through Procurement Supply Distribution, item # 90817)</li> <li>Hold the second copy until product arrives</li> <li>Place the implementation schedule in a separate binder</li> <li>develop an action plan for the reset, including scheduling employees to work on the reset and verifying that merchandise and necessary store fixtures are on order.</li> </ul>	Store Manager	<ul style="list-style-type: none"> <li>file planogram in store planogram book</li> <li>file implementation schedule for one year in separate binder</li> </ul>

9

## Administrative Reports/Process Reference Guide, Continued

WHAT IT IS	WHERE IT COMES FROM	WHAT IT'S FOR	WHAT YOU DO WITH IT	WHO DOES IT	WHERE YOU FILE IT
<b>Receiving Reports</b> for further information, refer to P&P AD-31	generated when a purchase order is processed at the store level - will appear on reports on hold screen (9.5)	records all merchandise received on a purchase order, including damages and discrepancies	<ul style="list-style-type: none"> <li>each day management will review all receiving reports processed with shortages or damages to ensure they have been properly documented</li> <li>each week management will pull at random and review at least 20 receiving reports by checking processed quantities against the packing list</li> </ul>	store manager, co-manager, zone 4 assistant manager, or zone manager-receiving	file for one year in receiving office
<b>Replacement Part (RP) Numbers, RP Log, and RP Worksheet</b> for further information, refer to P&P AD-47	<ul style="list-style-type: none"> <li>RP numbers are generated at store level</li> <li>RP log is maintained at store level</li> <li>RP worksheet is completed at store level</li> </ul>	<ul style="list-style-type: none"> <li>RP numbers are generated to serve as purchase orders when ordering replacement parts for store stock or SOS merchandise that will cost less than \$100 - only the store manager can approve RPs for more than \$100</li> <li>RP log used to record numbers that have been issued</li> <li>RP worksheet is used by employee ordering RP to document all the order's details, including cost, supplier, and customer name</li> </ul>	<ul style="list-style-type: none"> <li>after getting determining the next available RP number, the salesperson will complete an RP worksheet</li> <li>upon arrival of the RP order, the receiving department will use the completed RP worksheet to tally the items received</li> <li>each month the estimated cost on RP worksheets should be compared to actual cost on the Dash-7 report</li> <li>an RP number should not be used to order SOS or store stock merchandise or to settle customer complaints - it should be used only for replacement parts</li> </ul>	<ul style="list-style-type: none"> <li>receiving clerk will maintain the RP log</li> <li>store manager must approve RPs for more than \$100</li> <li>salesperson will complete RP worksheet</li> <li>Zone 4 Assistant Manager will ensure RP worksheet costs are verified to Dash-7 totals</li> </ul>	<ul style="list-style-type: none"> <li>file log and worksheets for two years in receiving office</li> </ul>

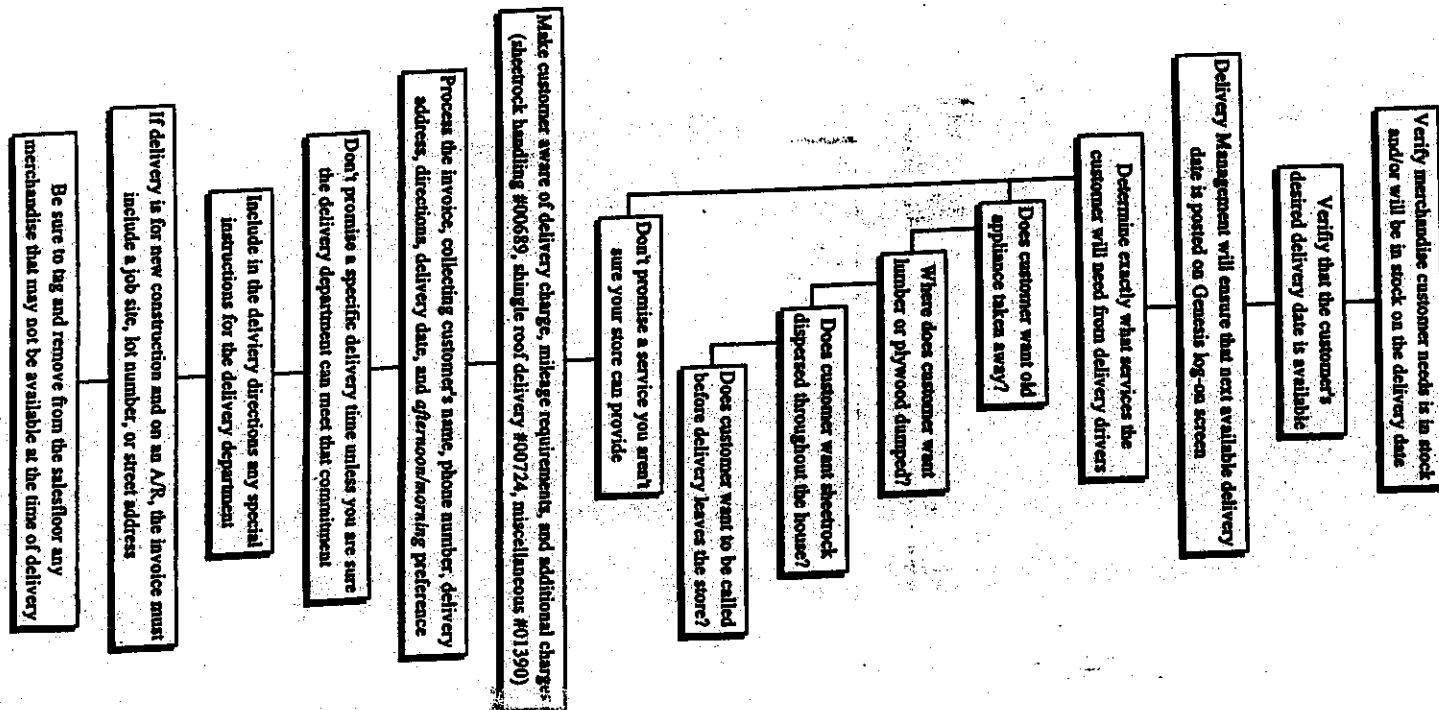
## Administrative Reports/Process Reference Guide, Continued

WHAT IT IS	WHERE IT COMES FROM	WHAT IT'S FOR	WHAT YOU DO WITH IT	WHO DOES IT	WHERE YOU FILE IT
<b>Return To Manufacturer (RTM) Reports</b> RTMs Aged 60 Days or Older Report Weekly RTM Cleared Report for further information, refer to P&P AD-33	<ul style="list-style-type: none"> <li>60 day report will be mailed to store monthly</li> <li>weekly report will be mailed to store each week</li> </ul>	<ul style="list-style-type: none"> <li>60 day report: provides a list of RTMs 60+ days old that have not cleared</li> <li>weekly report: provides a list of RTMs cleared the previous week and indicates whether the store received credit</li> </ul>	<ul style="list-style-type: none"> <li>60 day report: obtain and mail proof of delivery to Corporate Trades Payable (mail code APO) – this will result in a store credit for the RTM</li> <li>weekly report: research those RTMs for which the store did not receive credit (incorrect vendor number, keypunch error, etc.) and report any corrections to Corporate Trades Payable – the report will mark with an "X" each RTM for which the store did receive credit, so your store should research those without an "X"</li> </ul>	receiving office, RTM clerk	file for one year in receiving or RTM office
<b>Store Inventory Report</b> (a.k.a. per billing report) DTCR346A for further information, refer to P&P AD-31	mailed weekly to store	lists all store inventory transactions for the week of the report, including all receiving, ICB ships and draws, and store use billouts	check all ICBs and receiving reports with adjustments (indicated by an "A," "AI," "AS," or "AD") against the Store Inventory Report – stores are no longer required to check every receiving report against the SIR	receiving clerk or zone manager-receiving	file for one year in receiving office
<b>Vehicle Maintenance Records</b> for further information, refer to P&P SF-11	records completed at store level	<ul style="list-style-type: none"> <li>provide a record of service performed on store vehicles</li> <li>separate cards for each vehicle type (diesel trucks, gasoline trucks, LP &amp; gasoline forklifts, electric forklifts)</li> </ul>	log each maintenance or repair event for the vehicle	delivery specialist, zone manager-receiving, or zone 4 assistant manager	file for the life of the vehicle +6 months after sale in the delivery or receiving office

11

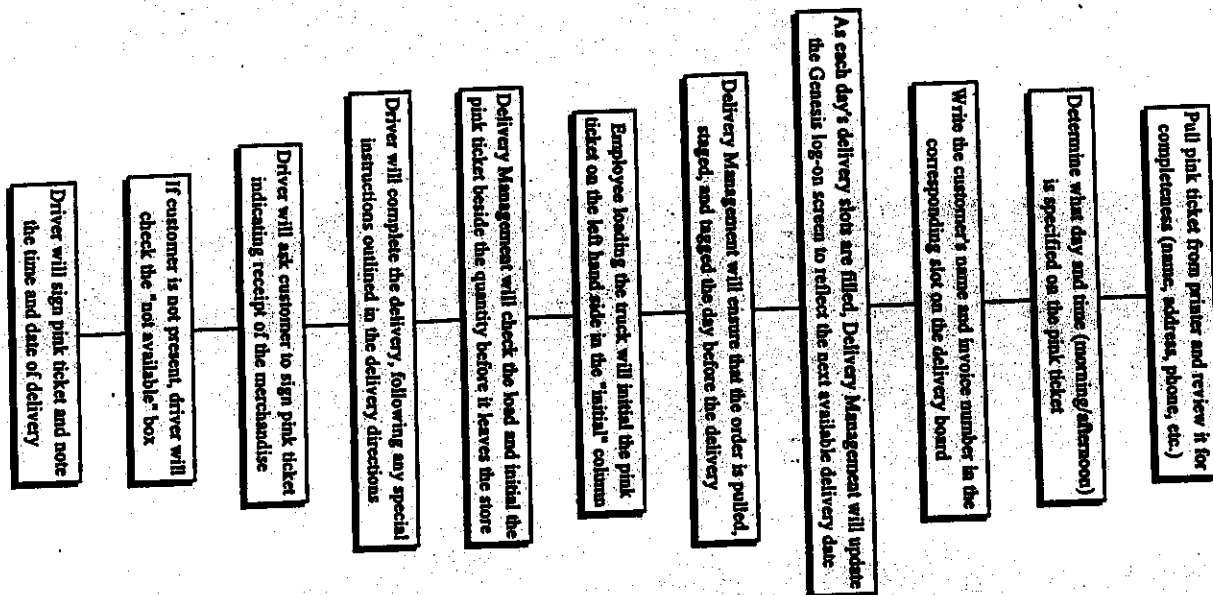
## LIFE OF A DELIVERY – salesperson duties

for further information, refer to P&amp;P 52.4-1



12

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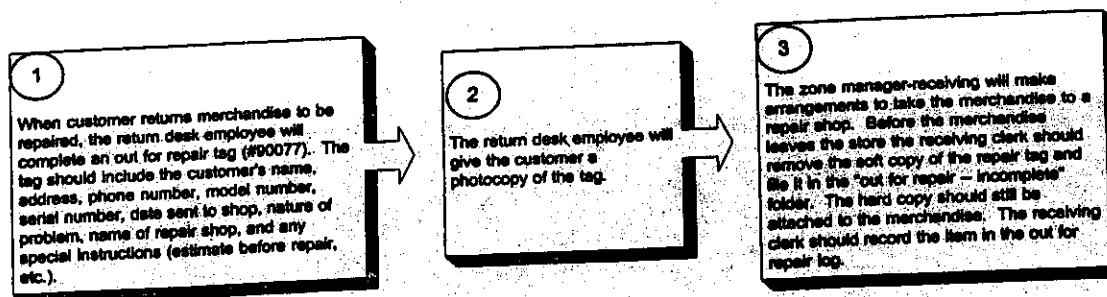


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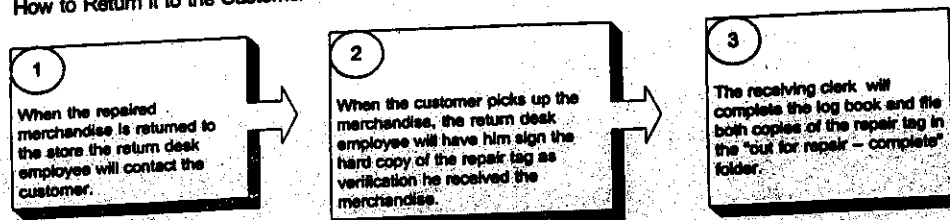
## OUT FOR REPAIR – CUSTOMER MERCHANDISE

FOR FURTHER INFORMATION REFER TO P&P AD 54

### HOW TO SEND IT OUT

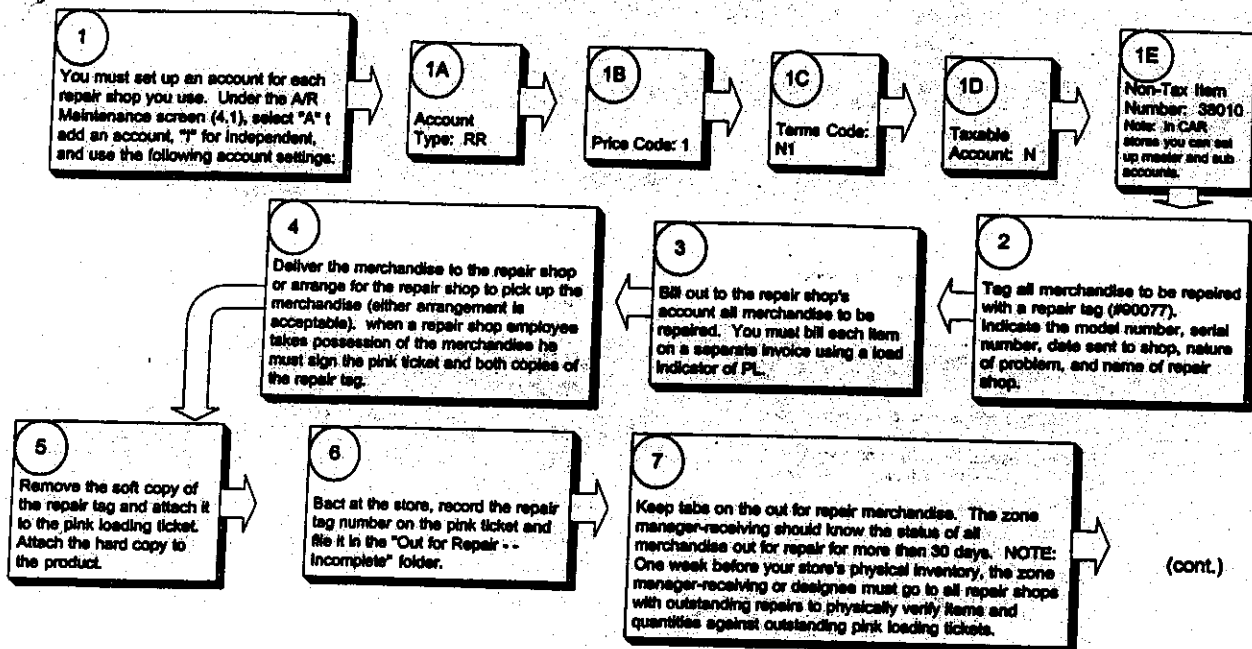


### How to Return It to the Customer



**OUT FOR REPAIR – STORE STOCK MERCHANDISE**

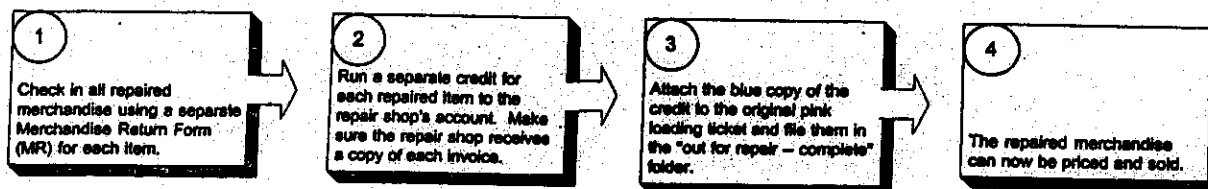
FOR FURTHER INFORMATION REFER TO P&amp;P AD 54

**HOW TO BILL IT OUT**

15

**OUT FOR REPAIR – STORE STOCK MERCHANDISE**

FOR FURTHER INFORMATION REFER TO P&amp;P AD 54-1.0

**HOW TO RETURN IT TO YOUR INVENTORY**

16

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## Planogram/Rollback Implementation Schedule Reference Guide

steps	notes
Distribute copies of the new planograms and the Planogram Rollback/Implementation Schedule	<ul style="list-style-type: none"> <li>Place a master copy of the new planogram in the store Planogram Book (item #90817), which is kept in the store manager's office</li> <li>Give the second "working" copy of the new planogram to the Assistant Manager of the area to be reset</li> <li>Place the Planogram/Rollback Implementation Schedule in the Implementation Schedule notebook, also kept in the store manager's office</li> <li>If the new planogram has a different name from the old planogram, use a pencil to write the new planogram name on the store layout blueprint</li> </ul>
Develop an action plan for the planogram set	<p>The Assistant Manager for the area to be reset should:</p> <ul style="list-style-type: none"> <li>Verify that all necessary additional store fixtures (racks, beams, etc.) are ordered</li> <li>Confirm with the vendor the product shipping date</li> <li>Schedule employees to do the planogram set</li> <li>Prepare the reset area for the arrival of fixtures and merchandise</li> <li>Set a window in which to begin and complete the reset</li> </ul>
Begin the reset	<ul style="list-style-type: none"> <li>When the merchandise arrives, begin the planogram set</li> <li>The store manager can change planogram facings and add market specific/store requested items when necessary.</li> <li>Track the planogram set's progress on the Planogram/Rollback Implementation Schedule</li> </ul>
After completing the reset	<ul style="list-style-type: none"> <li>The employee completing the reset should fill out the Planogram Completion forms attached to each planogram and attach it to the working copy of the planogram</li> <li>Roll up the working copy of the planogram with the Planogram Completion form and place it in the left-hand upright of the first bay of the set</li> <li>Ensure the completed Planogram/Rollback Implementation Schedule is housed in the Implementation Schedule notebook in the store manager's office</li> </ul>

17

## Store Inventory Report (Par Billing)

for further information, refer to P&amp;P AP-31

What it is	<ul style="list-style-type: none"> <li>The Store Inventory Report is generated and mailed to stores each week.</li> <li>It lists all inventory transactions for the week of the report. This includes all receiving, ICB ships and draws, and store use billouts.</li> <li>It also indicates any adjustments made by Corporate Trades Payable to previously processed receiving reports.</li> </ul>
How to Read it	<ul style="list-style-type: none"> <li>The following adjustment codes will appear on the report:</li> </ul> <p>S = shortage/overage  A = adjustment  D = damage</p> <p>I = indicates a receiving report, RDC/SDC bill, or ICB that was delivered to the store before the store's physical inventory, but not processed until after the inventory. This adjustment will apply inventory to a previous inventory period and doesn't affect current stock levels. This adjustment is listed for informational purposes only. No additional adjustments are needed at the store, but it does affect inventory shrink and should be researched.</p> <p>AI = indicates an inventory adjustment made after the store's physical inventory on a receiving report that was processed before the store's inventory. This adjustment will apply inventory to a previous inventory period and doesn't affect current stock levels. This adjustment is listed for informational purposes only. No additional adjustments are needed at the store, but it does affect inventory shrink and should be researched.</p>
What Causes Adjustments	Corporate Trades Payable will adjust a receiving report if it determines that a receiving error was made at the store level or if the store lacks documentation to support a discrepancy claim.
How Stores are Notified of Adjustments	<ul style="list-style-type: none"> <li>Corporate Trades Payable notifies stores of adjustments through the Receiving Report Adjustment Report, which it mails to the store for every inventory adjustment.</li> <li>You should file these with the Store Inventory Report.</li> </ul>
How to Check the Store Inventory Report	<ul style="list-style-type: none"> <li>The zone manager-receiving or the receiving clerk each week will check all ICBs and receiving reports with adjustments (A, AI, AS, or AD) against the Store Inventory Report.</li> <li>Stores are no longer required to check every receiving report against the Store Inventory Report.</li> </ul> <p>step 1: Pull all receiving reports listed with an adjustment ("A") on the Store Inventory Report.</p> <p>step 2: Review each adjusted receiving report to determine the reason the adjustment was made. Consult the Receiving Report Adjustment Report for additional information.</p> <p>step 3: When you have determined the reason document it on the Store Inventory Report. This documentation must be initiated by the zone 4 assistant manager or the zone manager-receiving as indication that the adjustment was reviewed and challenged.</p> <p>step 4: If you determine that the adjustment was made in error, call Corporate Trades Payable (ext. #2090)</p> <p>step 5: Stores must physically count all adjustments marked with an A and if discrepancies are found, the inventory must be corrected with a store use cycle count (code #145).</p> <p>step 6: The receiving clerk will file the completed report for future reference.</p>



## Return to Manufacturer (RTM) Reference Guide

for further information, refer to *P&P AD-53*

What is an RTM?	<ul style="list-style-type: none"> <li>Return To Manufacturer: An RTM is a Genesis function that allows the store to remove merchandise from store inventory and charge it back to the vendor.</li> <li>From Genesis, you can process an RTM Add: Removes merchandise from inventory and charges it back to the vendor.</li> <li>RTM Edit: Adds, deletes, or modifies entries from an existing RTM.</li> <li>RTM Clear: Voids a previously processed RTM. You can either completely clear it or partially clear it.</li> <li>When an RTM is processed, the store and Host systems immediately update stock quantities.</li> <li>When an RTM is processed, it notifies Corporate Trades Payable to charge the vendor.</li> <li>For more information, see <i>How to Process a Collectable RTM</i> in your Faulty Procedure Book. If you do not have a copy, contact your store's RTM processor: stores #1-#150: ext. 4627 stores #151-#300: ext. 4824 stores #301-#410: ext. 4398 stores #411-up: ext. 2229</li> </ul>
When should you process an RTM?	<ul style="list-style-type: none"> <li>Defective merchandise: Merchandise that is defective can be removed from store stock and charged back to the vendor through the RTM function.</li> <li>Buyback program: Vendors sometimes agree to "buy back" excess inventory. The vendor will ask the store to either ship back or destroy the merchandise that is bought back. Instructions for vendor buybacks are communicated through the RTM Only section of the weekly Merchandising News.</li> <li>Customer Complaint: When stores handle customer complaints on vendor products either by replacing merchandise or through cash paid outs, vendors will sometimes agree to reimburse stores for the expense. When a vendor agrees to help with the complaint, the expense should be billed to them through the RTM function, following the guidelines in <i>P&amp;P CS-03</i>.</li> </ul>
How do you know your store credit from the vendor?	<p>Your store should work the following 3 RTM reports to ensure you receive credit for RTMs processed:</p> <ul style="list-style-type: none"> <li>Weekly RTM Cleared Report: Provides a list of RTMs cleared the previous week and indicates whether the store received credit from the vendor for the RTM. The report will mark with an "X" each RTM for which the store <i>did</i> receive credit. You should review the RTMs without an "X" to determine and correct the error (incorrect vendor number used, keypunch error on item number, wrong RA number, etc.).</li> <li>60 Day Report (monthly): Provides a list of RTMs 60 or more days older that have not cleared. You should obtain and mail proof of delivery to Corporate Trade Payable (mail code APO). This will result in a store credit for the RTM.</li> <li>RTMs Written Off - No Authorization (monthly): Provides a list of RTMs that have been charged back to the store because they did not include the RA# required by the vendor. If you did obtain an RA# or can get one, use the Clear function to reverse the first RTM and then process a second RTM using the RA#.</li> </ul>
Who pays the freight?	The vendor pays the freight charge on RTMs shipped back to the vendor. For more info., see <i>RTM Type 4: Freight</i> on page 61.

19

## Return to Manufacturer (RTM) Reference Guide, Continued

for further information, refer to *P&P AD-53*

Type 1: Defective Stock.	<ul style="list-style-type: none"> <li>Use the UPC code to obtain Vendor Information (6.3, F11). The UPC will help tie the item to a specific manufacturer.</li> <li>If the UPC is not available, use the item # or vendor name to lookup Vendor Information.</li> <li>Once you have determined the vendor, view the Return Policy Inquiry Screen (P9) to obtain the following vendor return information: <ul style="list-style-type: none"> <li>Return Policy Vendor #: If you do not use the correct vendor #, you may delay the clearing of the RTM.</li> <li>Faulty Merchandise Procedure #: Review the faulty merchandise procedure book to ensure your RTM complies with the return procedure agreed to by Lowe's and the vendor.</li> <li>Return Method: If the vendor requires you to return the defective merchandise, determine if you should ship it to the vendor or if the vendor will pick up the merchandise from the store. If the method is vendor pickup, be sure you get the vendor's signature on the RTM. If the method is ship, determine whether it should be collect or prepaid ship. If collect, follow the vendor's instructions; if prepaid, ship UPS and process a freight RTM to vendor using #00002.</li> <li>Return Authorization Requirements: If the vendor requires an RA#, you should enter the RA# in the RTMs vendor authorization field. Some vendors require an RA# and will not accept a person's name.</li> </ul> </li> <li>If no return information is available on the Return Policy Inquiry screen, contact the Inventory Hotline at ext. #2700 for instructions. Do not process the RTM or destroy merchandise until you have determined the vendor's return policy.</li> </ul>
Type 1: Buybacks	<ul style="list-style-type: none"> <li>Follow the instructions communicated in the RTM Only section of the weekly Merchandising News.</li> <li>Each buyback will be assigned a unique 4-digit vendor #. You should use this number rather than the normal vendor#.</li> <li>Do not use the buyback # for any other RTMs -- it will only be valid for the buyback.</li> <li>If a service group is pulling the buyback merchandise, they should provide you with the unique vendor # before leaving the store.</li> <li>Do not allow service groups or vendors to remove merchandise from the store until an RTM is processed.</li> <li>Buybacks have deadlines. Be sure you execute your RTM to meet that deadline.</li> <li>When you have completed the buyback RTM, both the Host and store system should show 0 on hand. Research and correct remaining on-hand quantities.</li> </ul>
Type 2: SOS	<ul style="list-style-type: none"> <li>Use the vendor name to look up the Return Policy Vendor # in vendor inquiry (6.3, F11). Don't use a buyback #.</li> <li>Process the RTM using the SOS Invoice cost from the SOS Report. Do not use the selling price.</li> <li>Use the SOS item number used for the sale. To RTM the original SOS freight charge, use #89412 or #89413.</li> </ul>
Type 3: Service/ RP	<ul style="list-style-type: none"> <li>Use the vendor name to look up the Return Policy Vendor # in vendor inquiry (6.3, F11).</li> <li>To process an RTM for cash paid to settle a customer complaint, use item #99401. Reference the customer's name in the "comments" field.</li> <li>To process an RTM for an RP, use item #59997 and reference the RP# in the comment section.</li> </ul>
Type 4: Freight	<p>The Faulty Merchandise Procedure for the item will specify how the charge should be applied:</p> <ul style="list-style-type: none"> <li>Prepaid: You should arrange for the merchandise to be returned to the vendor by UPS and process an RTM to the vendor for the freight charge, using #00002.</li> <li>Collect: Follow the vendor's collect freight instructions. If instructions are not included in the vendor's return information, contact the vendor for details.</li> </ul>

## Rules to Save Time and Money

Over 95% of RTMs can be cleared without POD or any information from store, if you follow these rules:

1. Use correct vendor #
  - Defectives - Return Policy Vendor #
  - Buybacks - Unique Vendor # (4-digit Vendor #).
  - SOS - Return Policy Vendor # (never use buyback vendor #).
  - Make sure a valid Vendor # is entered (do not leave blank).
2. Enter Authorization in Authorization Field when processing RTM if required by vendor. If not provided, RTM will automatically be written off to RTM gain/loss account - 756000 - monthly. If you have an RA but failed to enter on RTM, call GO and request RA be added to RTM. You will receive a report monthly listing any RTM written off due to no RA. Correct as instructed on the report if possible to recover the loss.
3. Always type the UPS Tracking Number in the comment field. The GO can obtain the PODs with information in the comment field. If you do not put this information in the comment field and the General Office requests a POD, respond promptly. (UPS can provide POD up to 12 months but will only pay for merchandise it cannot prove was delivered up to 9 months).
4. Avoid abuse to defective allowance and destroy in field procedures. Do not attempt to charge vendors for store damage. We are in partnership with our vendors - abuse of these preferred policies impairs goodwill with our trading partners which ultimately hinders efforts to collect excess defective funds from our vendors. Example: Broken light bulbs are not defective and should not be billed out on an RTM.
5. Work aged RTMs from Store Aged Report mailed once a month by General Office. First verify Vendor # is correct and item was purchased from vendor. *Do not contact vendors.* Send POD to General Office. Do not clear RTMs in aged status unless the RTM is incorrect.
6. When using the unclassified item 89991 remember quantity equals credit due and always enter a description of the product in comment area of RTM. (Example: Qty 100 = \$100.00)
7. Separate items to correct vendor #'s when more than one product line is on file for vendor.

Example: Stanley

Vendor #	Description
18357	Hardware
18359	Tools
21309	Monarch Mirror
14076	Garage Door Openers
62238	Parker Glue Guns

8. Always *Proofread* each screen before processing RTM. Make sure all information is entered correctly. *Proofread completed RTM.* Catching any errors up front saves Time, Money, and Confusion.

21

# HOW DO I RECEIVE THIS TRUCK?

How to receive trucks delivering to Lowe's stores

for further information refer to P&P AD-31

### Found in this Section

#### Crossdocks

#### ICBs

#### RDC -- Good Faith

#### Replacement Parts (RPs)

#### Security Cage Items

#### Special Orders (SOS)

#### SDC & Reload Centers

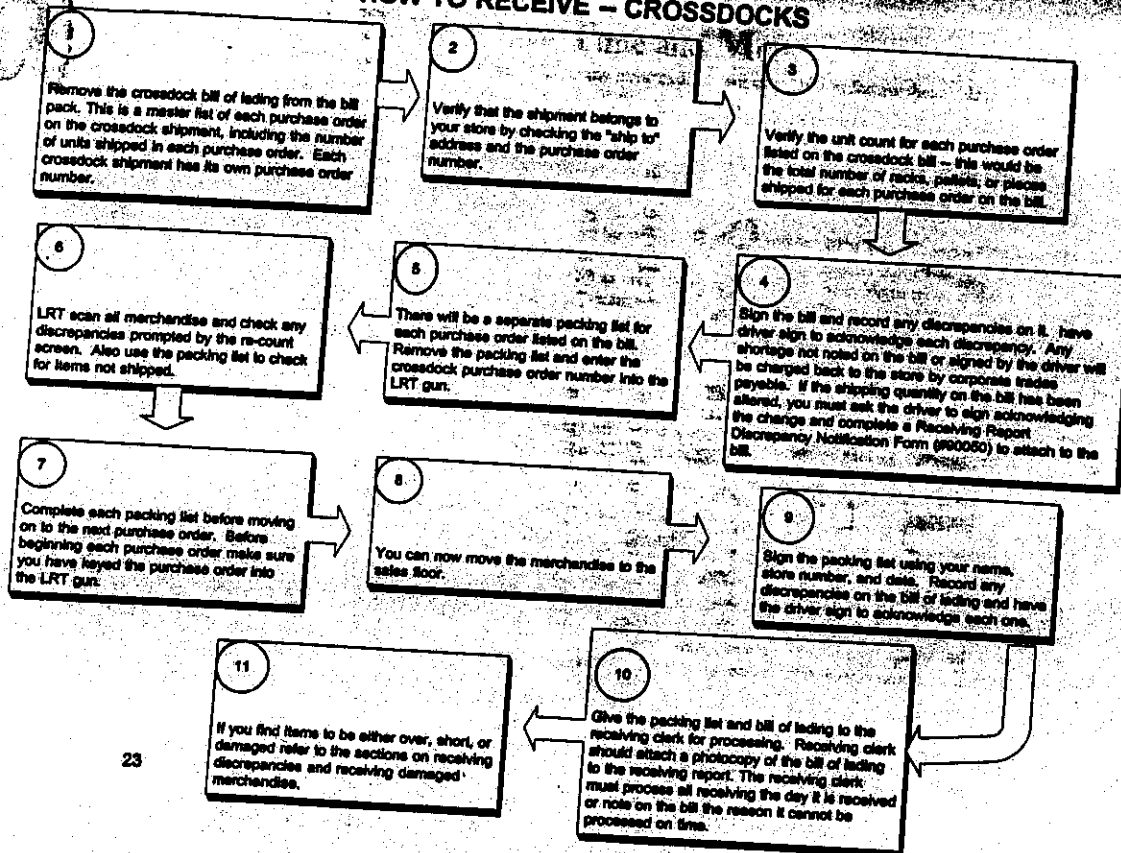
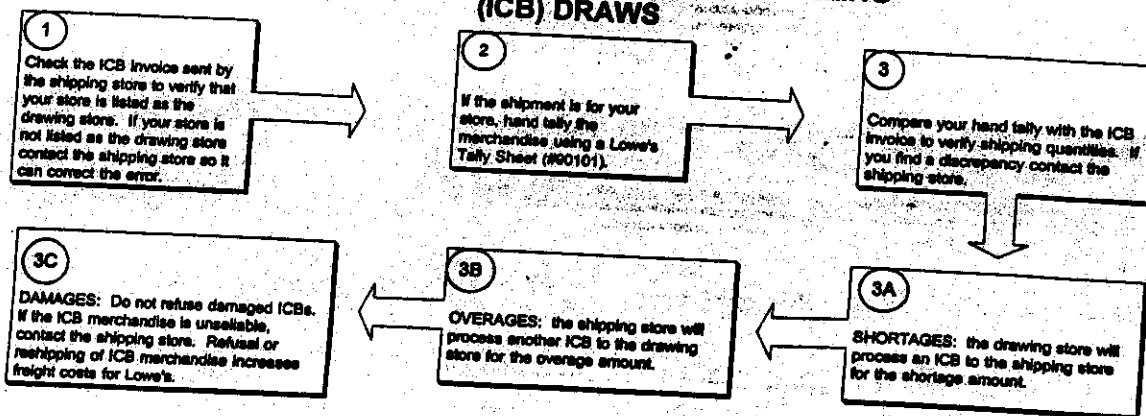
#### UPS

#### Vendor Direct

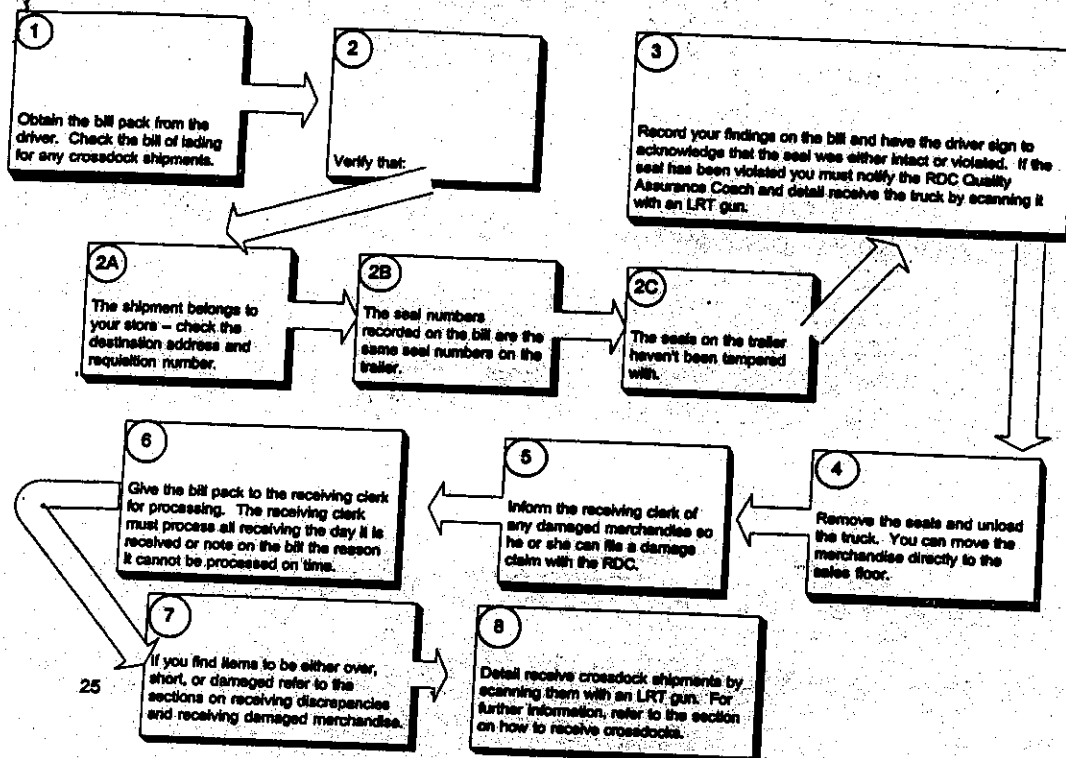
#### Purchase Order Not on File

#### Steps to Signing Receiving Paperwork

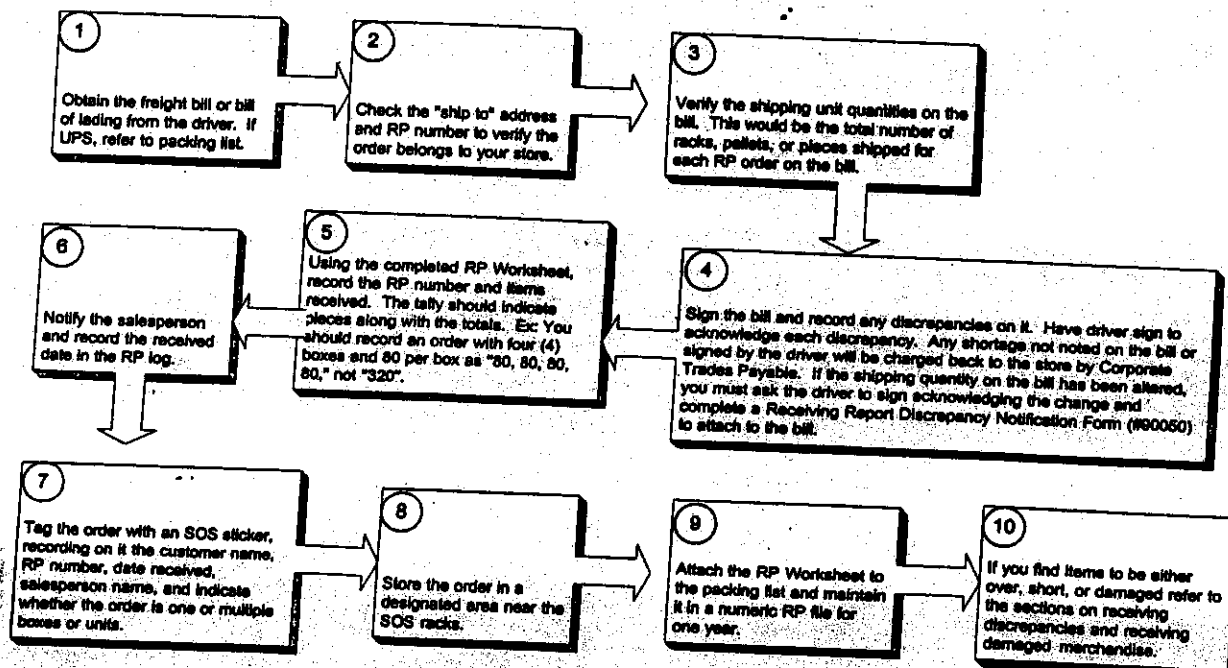
page 23	page 34
page 24	pages 35-40
page 25	
page 26	
pages 27-28	
pages 29-30	
page 31	
page 32	
page 33	

**HOW TO RECEIVE – CROSSDOCKS****HOW TO RECEIVE – INTERCOMPANY BILLING (ICB) DRAWS**

## HOW TO RECEIVE – REGIONAL DISTRIBUTION CENTER (RDC), GOOD FAITH

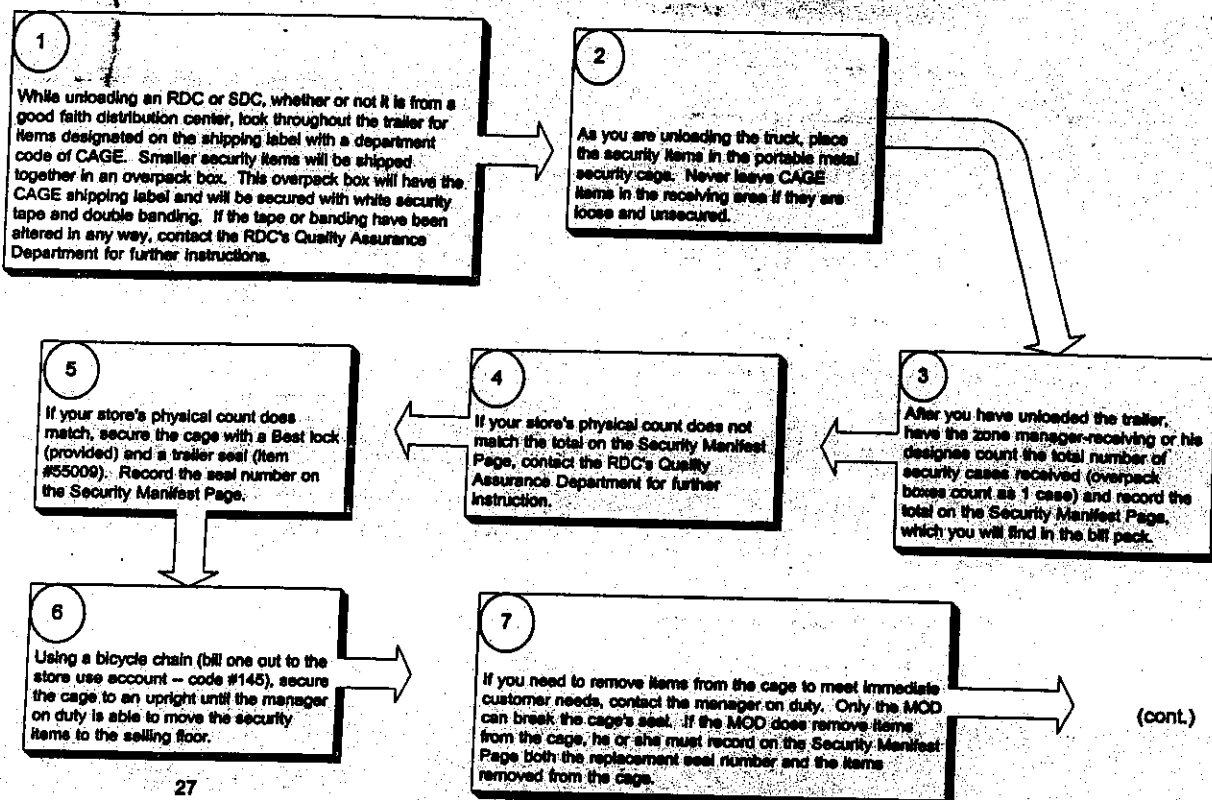


## HOW TO RECEIVE – REPLACEMENT PART (RP) SHIPMENTS

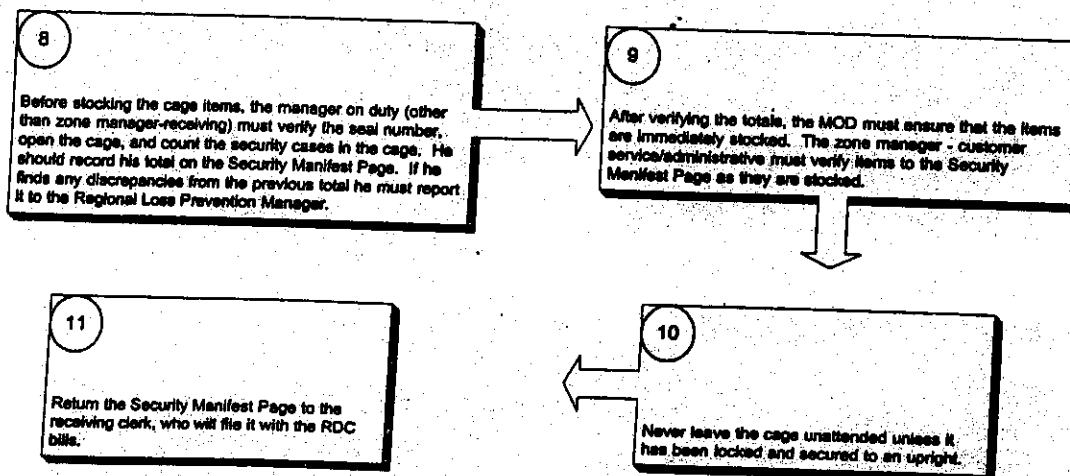




## HOW TO RECEIVE -- SECURITY ITEMS ON RDC/SDC

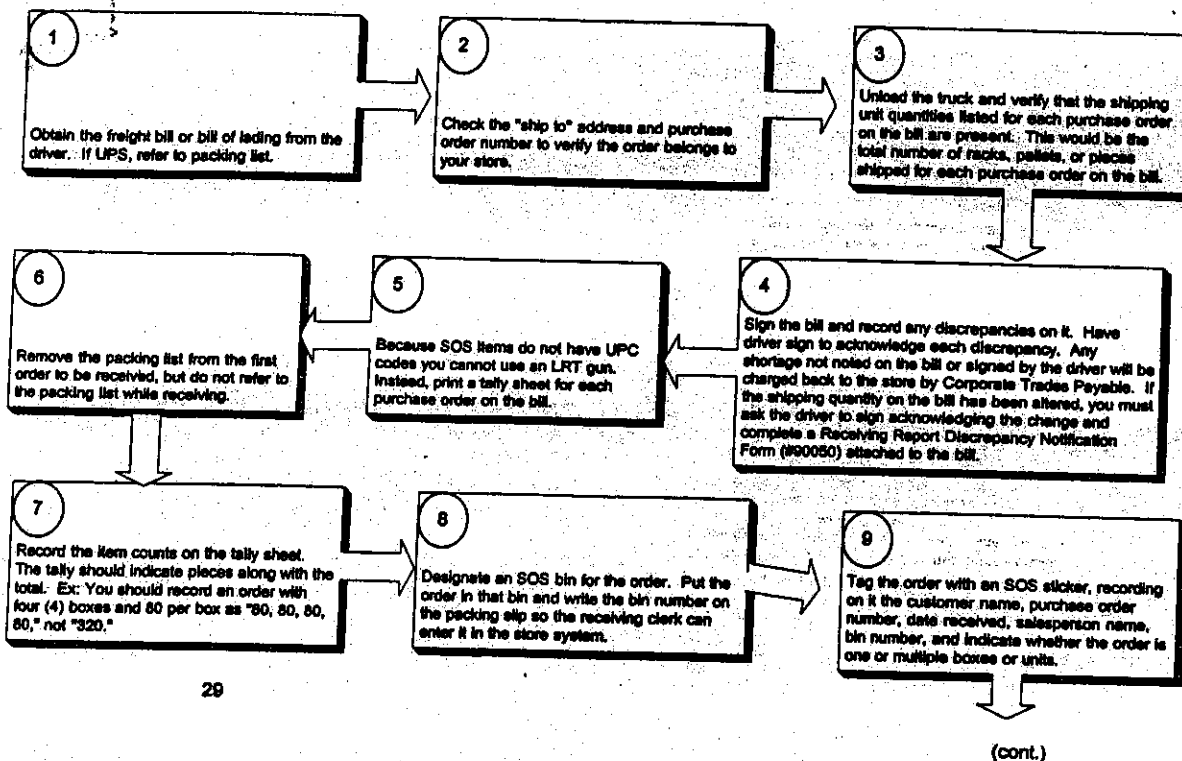


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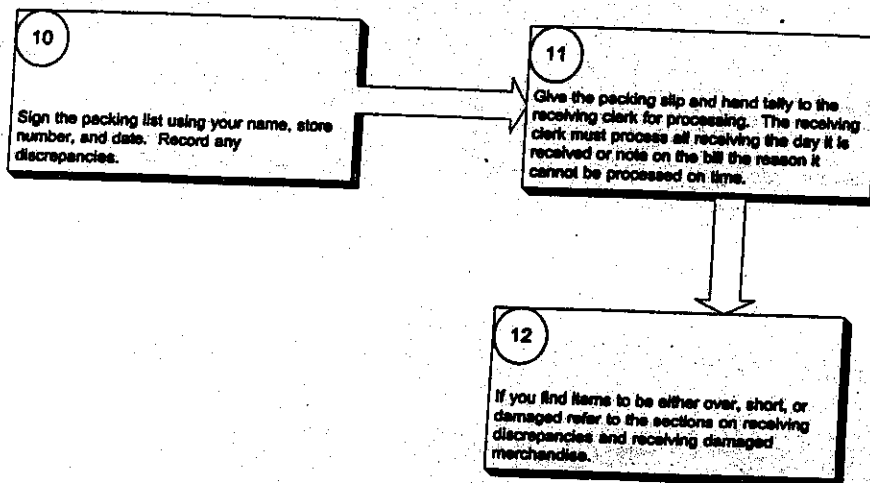
HOW TO RECEIVE -- SECURITY ITEMS ON RDC/SDC  
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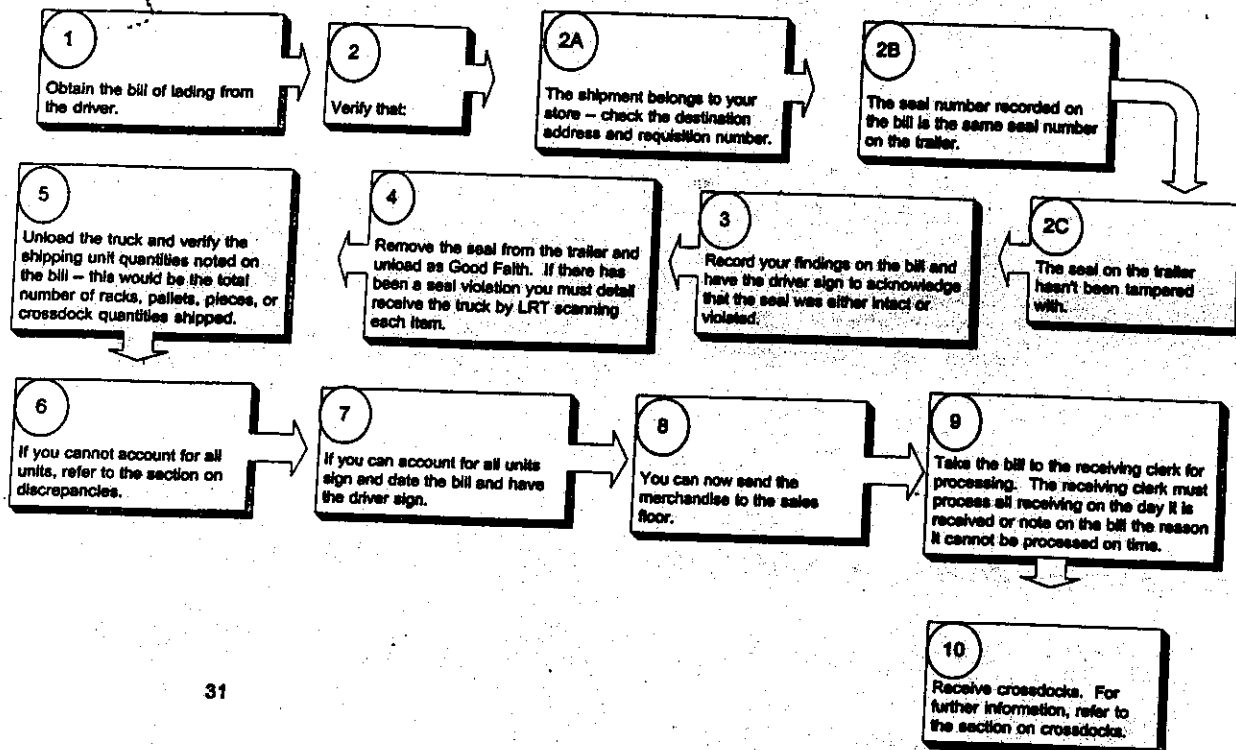
## HOW TO RECEIVE – SPECIAL ORDER SHIPMENTS (SOS)



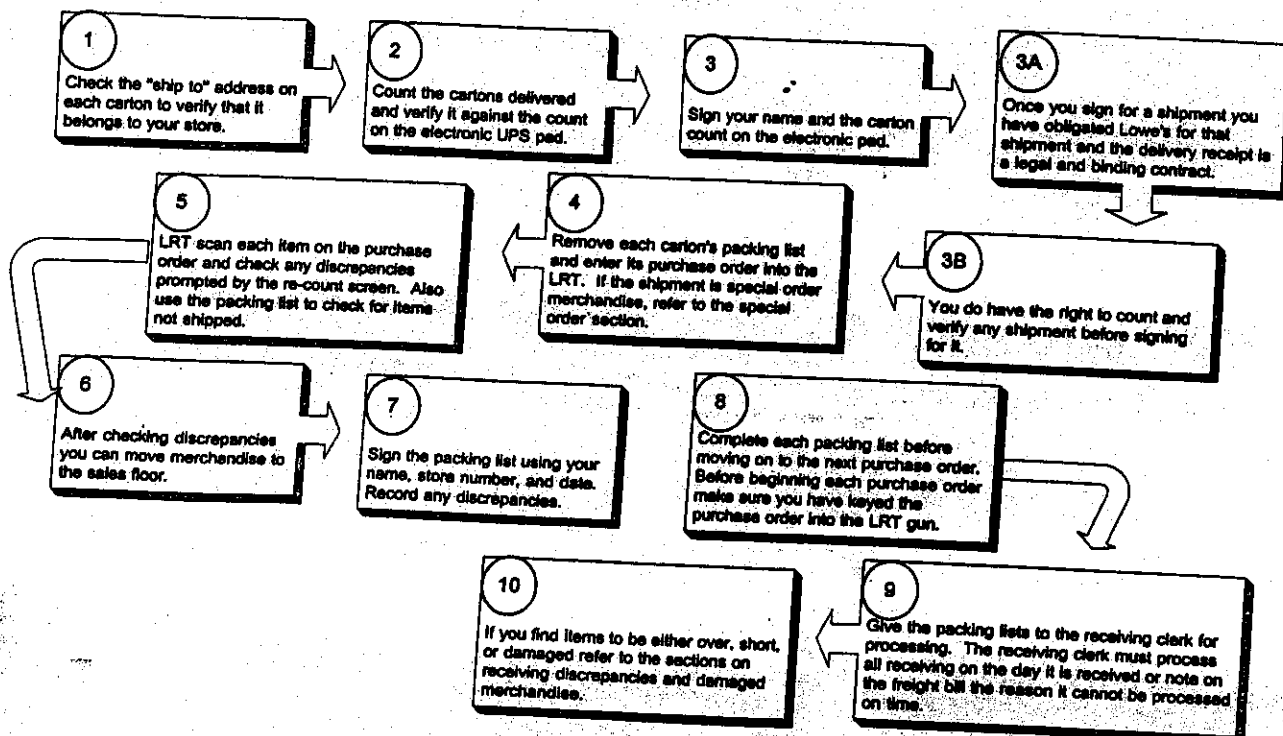
## HOW TO RECEIVE – SPECIAL ORDER SHIPMENTS (SOS) (cont.)



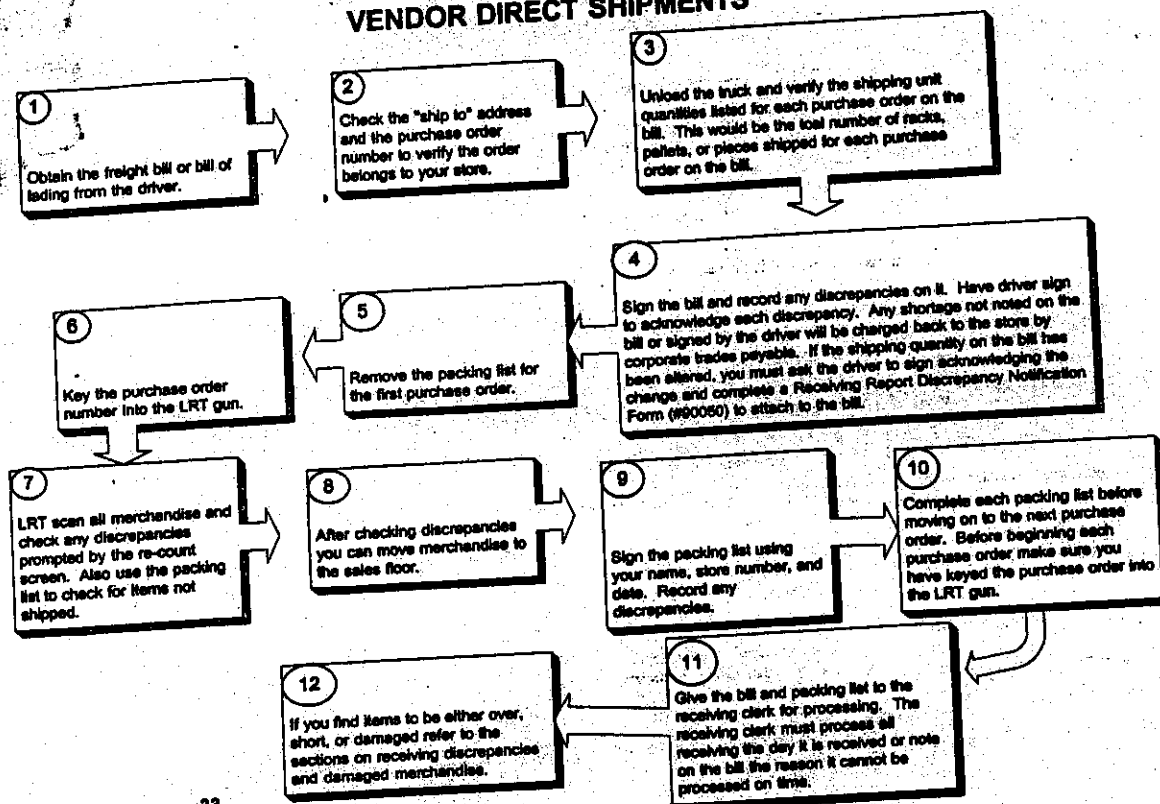
## HOW TO RECEIVE – SPECIALTY DISTRIBUTION CENTER (SDC)/RELOAD CENTER



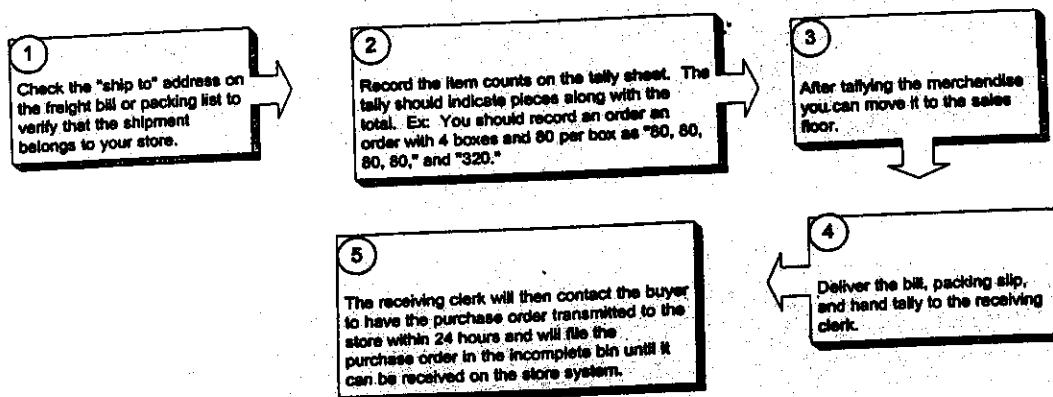
## HOW TO RECEIVE – UPS



## HOW TO RECEIVE – VENDOR DIRECT SHIPMENTS



## HOW TO RECEIVE – PURCHASE ORDER NOT ON FILE



**STEPS TO PROPERLY SIGNING A FREIGHT  
BILL, BILL OF LADING OR SHIPPING TICKET**

**BEFORE YOU SIGN!**

<b>STEP - 1</b> VERIFY THAT THE SHIPMENT IS YOURS	<b>Customer</b> LOWE'S 1234 MAPLE STREET HOMETOWN, USA 98765	<b>Labels and Trailer</b> 391497 Acme	<b>Shipper</b> Widgets Corp. Oak Drive Seacrest, USA
<b>STEP - 2</b> VERIFY THE P.O. NUMBER	<b>Acme TRANSPORTATION COMPANY</b> 1234 E. 123ST HOMETOWN, USA 98765	<b>Freight Bill Number</b> 346 506761	<b>SHIPPER'S NO.</b> 123456789
<b>STEP - 3</b> VERIFY THE QUANTITY THAT IS TO BE SHIPPED	<b>PCS OUTDOOR WIDGETS</b> 80 PCS DOLLAR DISCOUNT AMOUNT (1 FLT STC 80 PCS) BILL TO: 00302644 LOWE'S CORP.	<b>DATE</b> 1/19/96	<b>DATE</b> 1/19/96
<b>STEP - 4</b> NOTE 1. WHAT YOU GOT, 2. WHAT YOU DIDN'T GET AND 3. ITS CONDITION	<b>SHIPMENT TOTALS</b> 22277 Pcs 500711 Pcs 28194457	<b>SIGNATURE</b> JOHN SMITH	<b>DATE</b> 1/19/96
<b>STEP - 5</b> SIGN YOUR NAME	<b>STEP - 6</b> NOTE YOUR STORE NUMBER	<b>TTL WT</b> 1545	<b>TOTAL CHARGES</b> \$152.01

**SIGNING FOR UPS SHIPMENTS**

**BEFORE YOU SIGN!**

**STEP - 1** Check the ship to address on the carton to verify that each carton belongs to your location.

**STEP - 2** Count the number of cartons delivered. The carton count will appear on the ups electronic pad.

**STEP - 3** Sign your name and carton count on the electronic pad.

**REMEMBER** - Once you sign for a shipment, you have obligated Lowe's for that shipment and the delivery receipt is a legal and binding contract.

**REMEMBER** - You do have the right to count and verify any shipment that is offered to you.

<b>UPS</b>	<b>UNITED PARCEL SERVICES</b>
<b>LOWE'S</b>	<b>1234 MAPLE ST.</b>
<b>47 CTNS.</b>	<b>47 CTNS.</b>
<b>JOHN SMITH</b>	<b>47 CTNS.</b>

## PACKING LIST

## WIDGET CORPORATION

OAK DRIVE  
SOMERHILL, USA 95492  
(709)55-2712To: LOWE'S COMPANIES  
P.O. BOX 1111  
NORTH WILKESBORO, NC 656

## PACKING LIST

INVOICE NO:  
DATE: February 18, 1998STEP 1:  
VERIFY  
CORRECT  
ADDRESSShip To: LOWE'S #600  
1234 MAPLE STREET  
HOMETOWN, USA 98765

SALES PERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS
RLK	12937	1/19/96	ACME	COLLECT	

QUANTITY	DESCRIPTION	LOWE'S ITEM#	NUMBER OF CARTONS
20	BLUE WIDGETS MODEL# 12345B	65732	20
20	RED WIDGETS MODEL# 12345R	65733	20
20	GREEN WIDGETS MODEL# 12345G	65734	20
20	YELLOW WIDGETS MODEL# 12345Y	65735	20
TOTAL CTNS.			80

STEP 4  
SIGN PACKING  
LIST W/ DATE  
AND STORE #SHIP STORE  
STORE #600  
1-23-96

SHIPPING COPY

STEP 5 - TURN  
PAPERWORK INTO  
RECEIVING CLERK

37

STEPS TO SIGNING  
SDC AND RELOAD CENTER BILL OF LADING

BILL OF LADING

STEP 1:  
Obtain  
shipping  
documents

ORIGIN

LOWE'S SDC# 985  
655 E CHURCH ST  
SANDERSVILLE, GA 31082  
(912)552-1133

BOL# 09954395 BAC#

DESTINATION

LOWE'S OF HOMETOWN  
1234 MAPLE STREET  
HOMETOWN, USA 98765  
STORE# 600 HTUHOST REQUISITION NUMBER: 54395  
54396

DELIVERY DATE: 1996-01-12

CARRIER: DEL

DRIVER/SEAL

VERIFICATION: 644 2445

STOP

TRAILER# 437251

SEAL# 279043/0047192

SIDE UNIT#

RELOAD ONLY!

WEIGHT: 10975

SIGNATURE: 644 2445

IS THIS A SPLIT LOAD? 1 OF 2 STOPS

THIS SHIPMENT IS PREPARED

THIS DOCUMENT ACTS AS AND IS GOVERNED BY THE UNIFORM  
STRAIGHT BILL OF LADING AS SPECIFIED BY THE INTERSTATE  
COMMERCE ACT.

LOOSE PCS CNT 3

XDOCK UNITS 1

ALL LOADS MUST BE FULLY TARPED.

DELIVERY BY APPOINTMENT.

XDOCK NO'S 33312

DELIVERY TIME: 7AM  
PLEASE CALL THIS STORE AT (709)55-1234 FOR DELIVERY CONFIRMATION.  
\*\*\*\*\* FOR STORE USE \*\*\*\*\*  
✓ SEAL ARRIVED INTACTSEAL ARRIVED NOT INTACT OR SEAL NUMBERS DID NOT  
MATCH BILL OF LADING CONTACT CLAIMS DEPARTMENT  
IMMEDIATELY AND FORWARD NECESSARY PAPERWORK.

DRIVER SIGNATURE: 644 2445

STORE SIGNATURE: 644 2445

DATE: 1/18/96

DATE: 1/18/96

STEP 4  
Sign  
Have  
Driver signThis example shows a shortage on the load. In this case the distribution  
center will be called and the requisition scanned using an LRT gun.  
If no discrepancy occurred in step 3, this load would be good faith  
received.STEP 3  
VERIFY  
Rack, Pallet,  
Loose Pcs, Xdock  
and Unit Counts

L 0073



# STEPS TO SIGNING CROSS-DOCK BILL OF LADING

BILL OF LADING FOR CROSS-DOCK PRODUCT BOL# 099954395 BAG#

ORIGIN

LOWE'S RDC# 999  
1502 RIVER ROAD  
NORTH WILESBORO, NC 28659  
(910)651-4124

STEP 1  
Obtain  
shipping  
documents

DESTINATION

LOWE'S OF HOMETOWN  
1234 MAPLE STREET  
HOMETOWN, USA 98765  
STORE# 600 HTU

STEP 2  
VERIFY:  
A. Address  
B. Seal

DELIVERY DATE: 1996-01-12

DRIVER/SEAL  
VERIFICATION: John Doe

CARRIER: SCHNEIDER

TRAILER# 12345

SEAL# 2274350046718

SIGNATURE: John Doe

WEIGHT: 33456

IS THIS A SPLIT LOAD? NO OF STORES

THIS SHIPMENT IS PREPAID

THIS DOCUMENT ACTS AS AND IS GOVERNED BY THE UNIFORM STRAIGHT BILL  
OF LADING AS SPECIFIED BY THE INTERSTATE COMMERCE ACT.

DELIVERY BY APPOINTMENT. DELIVERY TIME: 7AM

PLEASE CALL THIS STORE AT (704)555-1234 FOR DELIVERY CONFIRMATION.

SEAL ARRIVED INTACT

SEAL ARRIVED NOT INTACT OR SEAL NUMBERS DID NOT MATCH BILL OF  
LADING.

CONTACT CLAIMS DEPARTMENT IMMEDIATELY AND FORWARD NECESSARY  
PAPERWORK.

DRIVER SIGNATURE: John Doe DATE: 1/12/96

PACKING LIST

SELECTOR Devilbiss LOADER Devilbiss DATE 1/12/96

STEP 3  
Verify:  
A. Crossdock P.O.  
B. Unit count

VENDOR  
NAME

PO  
NUM 47568

RE  
CUBE 218.04

UNITS  
LOADERS 2

STORE  
AT 252

39

STEP 1  
Obtain  
shipping  
documents

# STEPS TO SIGNING RDC BILL OF LADING

BILL OF LADING BOL# 099954395 BAG#

ORIGIN

LOWE'S RDC# 999  
1502 RIVER ROAD  
NORTH WILESBORO, NC 28659  
(910)651-4124

DESTINATION

LOWE'S OF HOMETOWN  
1234 MAPLE STREET  
HOMETOWN, USA 98765  
STORE# 600 HTU

STEP 2  
VERIFY:  
A. Address  
B. Seal

DELIVERY DATE: 1996-01-12

DRIVER/SEAL  
VERIFICATION: John Doe

CARRIER: SCHNEIDER

TRAILER# 23456

SEAL# 2274350046718

SIGNATURE: John Doe

WEIGHT: 33567

IS THIS A SPLIT LOAD? NO OF STORES

THIS SHIPMENT IS PREPAID

THIS DOCUMENT ACTS AS AND IS GOVERNED BY THE UNIFORM STRAIGHT BILL  
OF LADING AS SPECIFIED BY THE INTERSTATE COMMERCE ACT.

DELIVERY BY APPOINTMENT. DELIVERY TIME: 7AM

PLEASE CALL THIS STORE AT (704)555-1234 FOR DELIVERY CONFIRMATION.

SEAL ARRIVED INTACT

SEAL ARRIVED NOT INTACT OR SEAL NUMBERS DID NOT MATCH BILL OF  
LADING.

CONTACT CLAIMS DEPARTMENT IMMEDIATELY AND FORWARD NECESSARY  
PAPERWORK.

DRIVER SIGNATURE: John Doe DATE: 1/12/96

PACKING LIST

SELECTOR Devilbiss LOADER Devilbiss DATE 1/12/96

RECEIVED FOLLOWING (STORE SIGNATURE) See Reverse DATE 1/12/96

40

# WHAT IF IT'S

## DAMAGED?

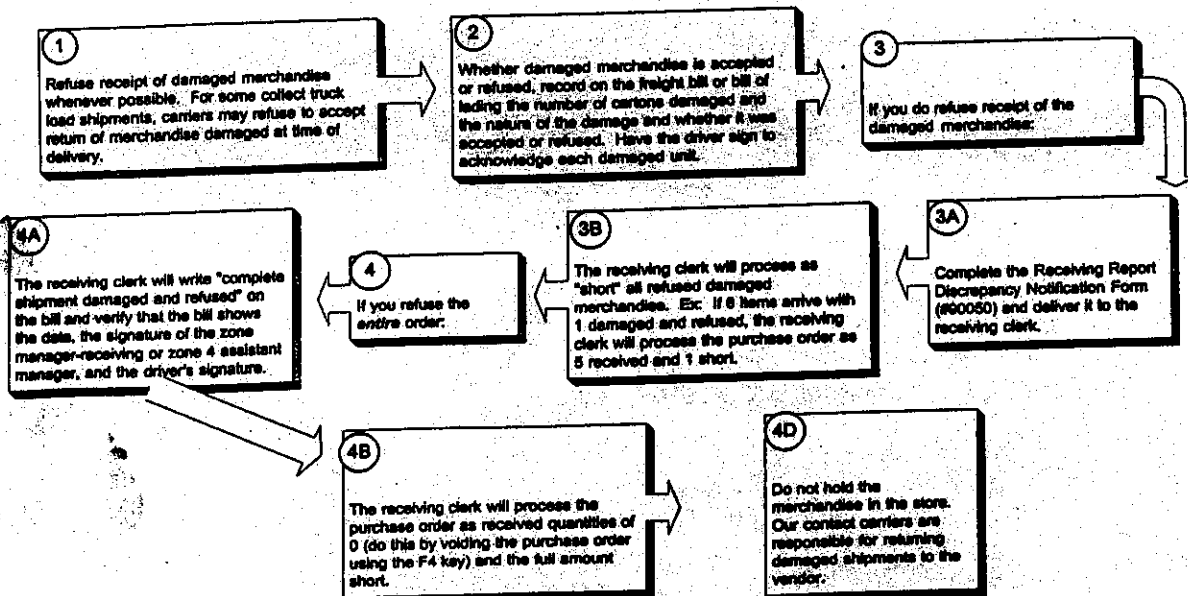
How to receive damaged merchandise

for further information refer to P&P AD-31

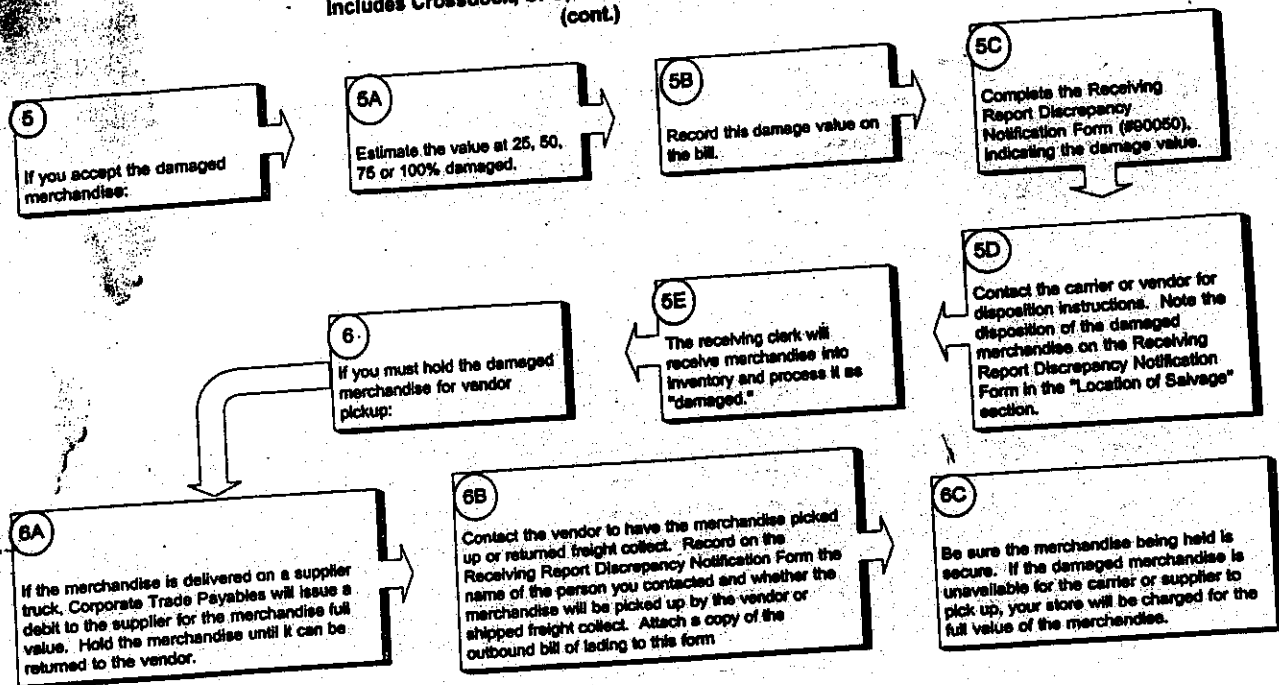
**Found in this Section**  
 Non-Lowe's Shippers (Crossdock, UPS, Vendor Direct) pages 42-43  
 RDC - Good Faith page 44  
 Special Orders (SOS) and Replacement Parts (Rps) page 45  
 SDC & Reload Centers pages 46-47  
 Concealed Damage - Non-Lowe's Shippers page 48

### HOW TO HANDLE DAMAGES NON-LOWE'S SHIPPERS

Includes Crossdock, UPS, and Vendor Direct Shipments

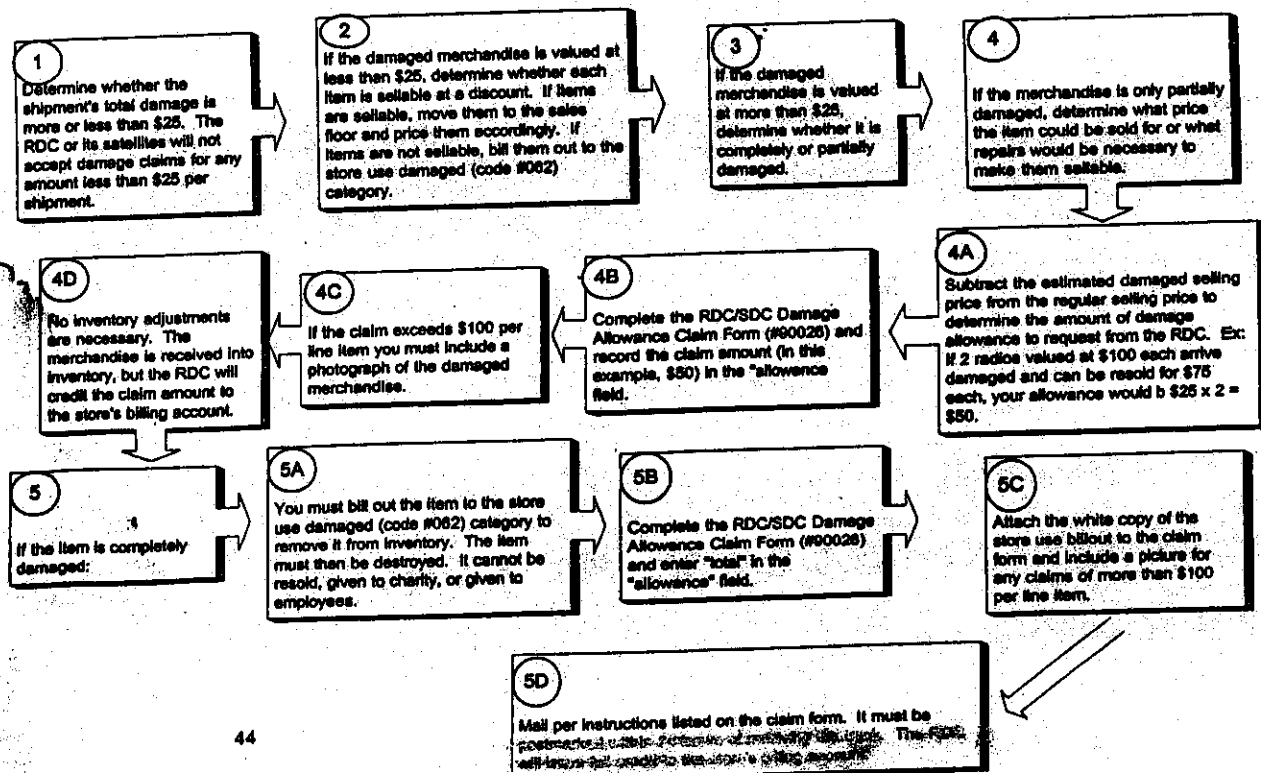


### HOW TO HANDLE DAMAGES NON-LOWE'S SHIPPERS Includes Crossdock, UPS, and Vendor Direct Shipments (cont.)



43

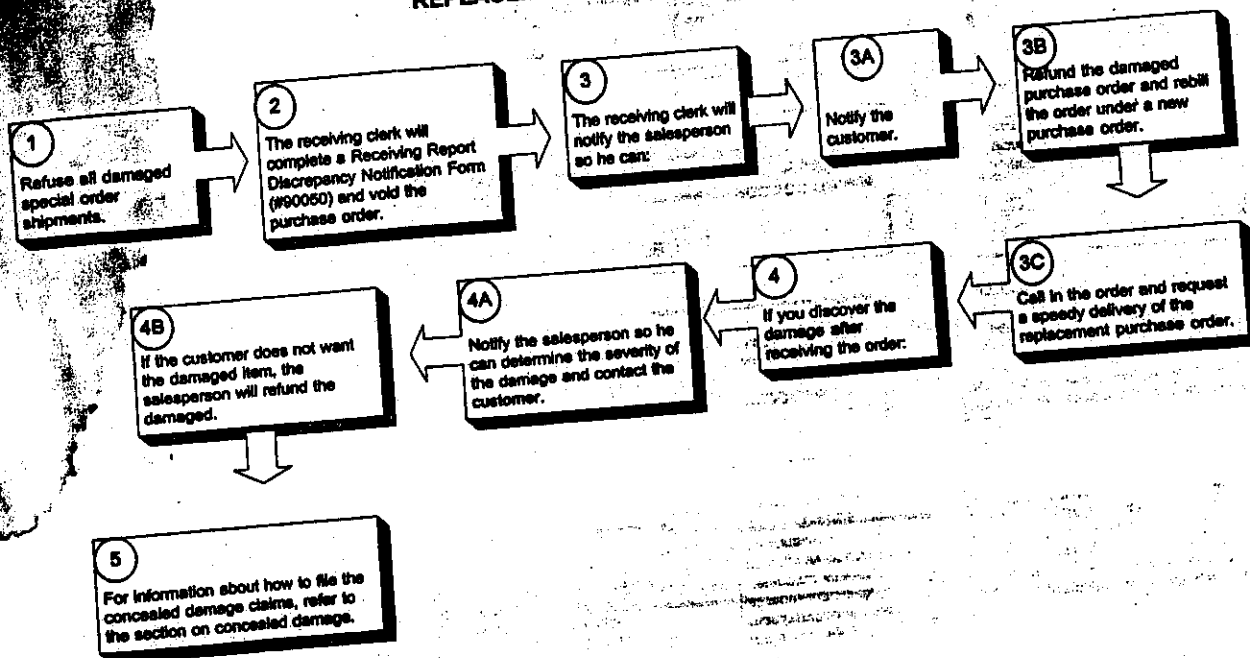
### HOW TO HANDLE DAMAGES RDC, GOOD FAITH AND NON-GOOD FAITH



44

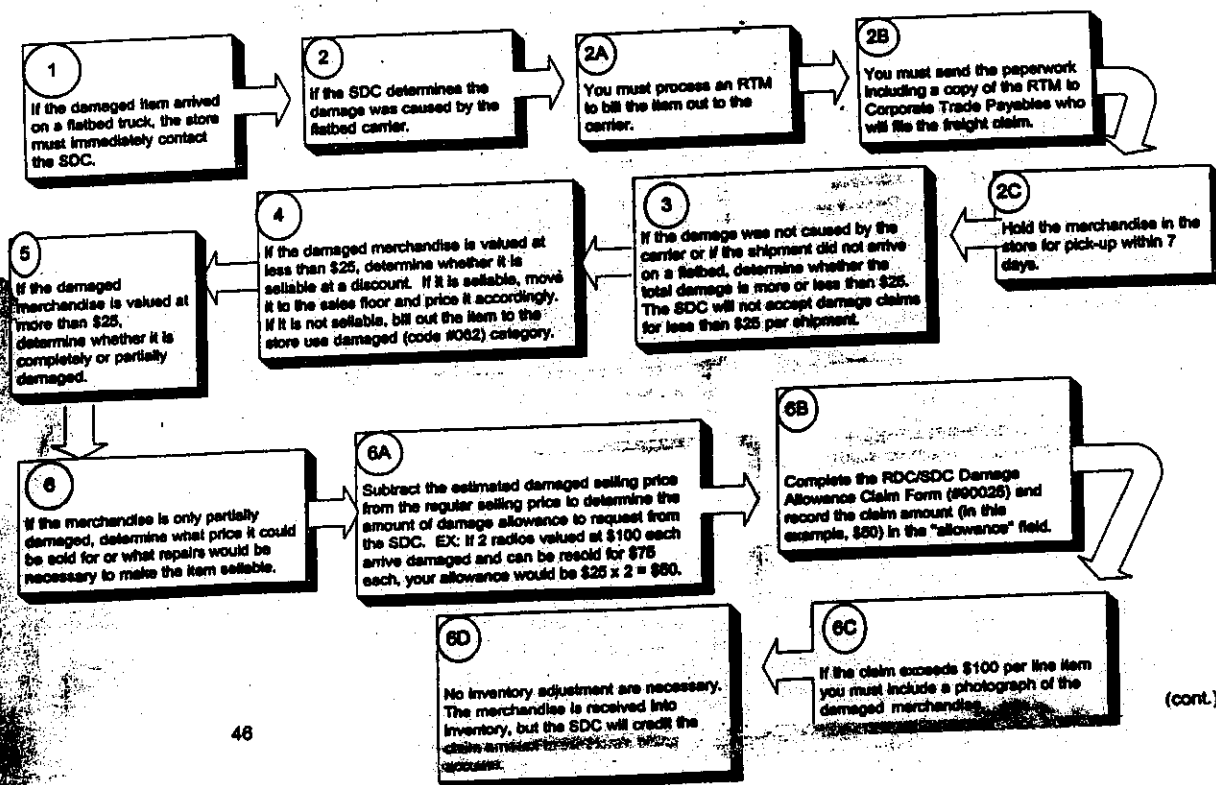
L 0076

### HOW TO HANDLE DAMAGES SPECIAL ORDER SHIPMENTS (SOS) AND REPLACEMENT PART (RP) ORDERS



45

### HOW TO HANDLE DAMAGES SPECIALTY DISTRIBUTION CENTERS (SDC)/RELOAD CENTERS



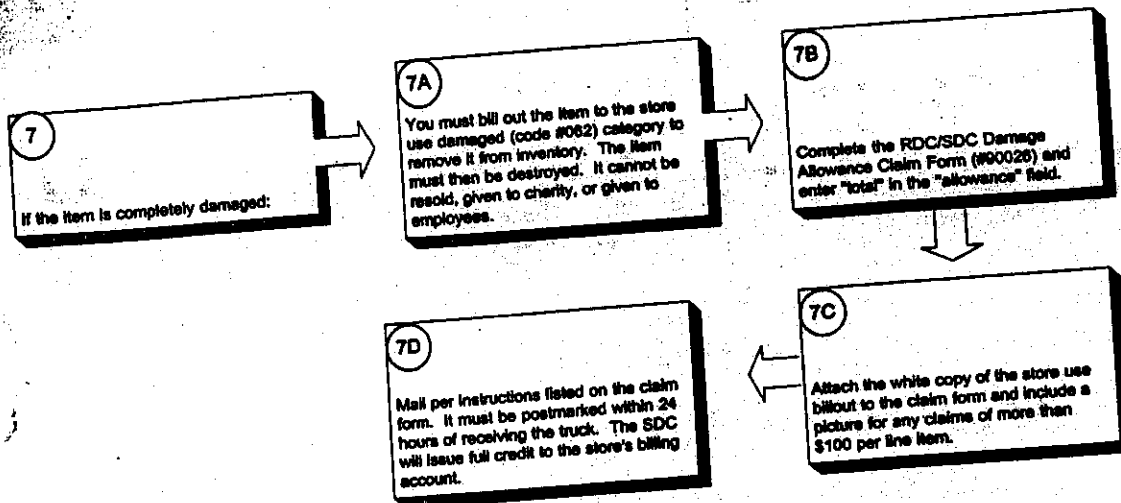
46

(cont.)

L 0077

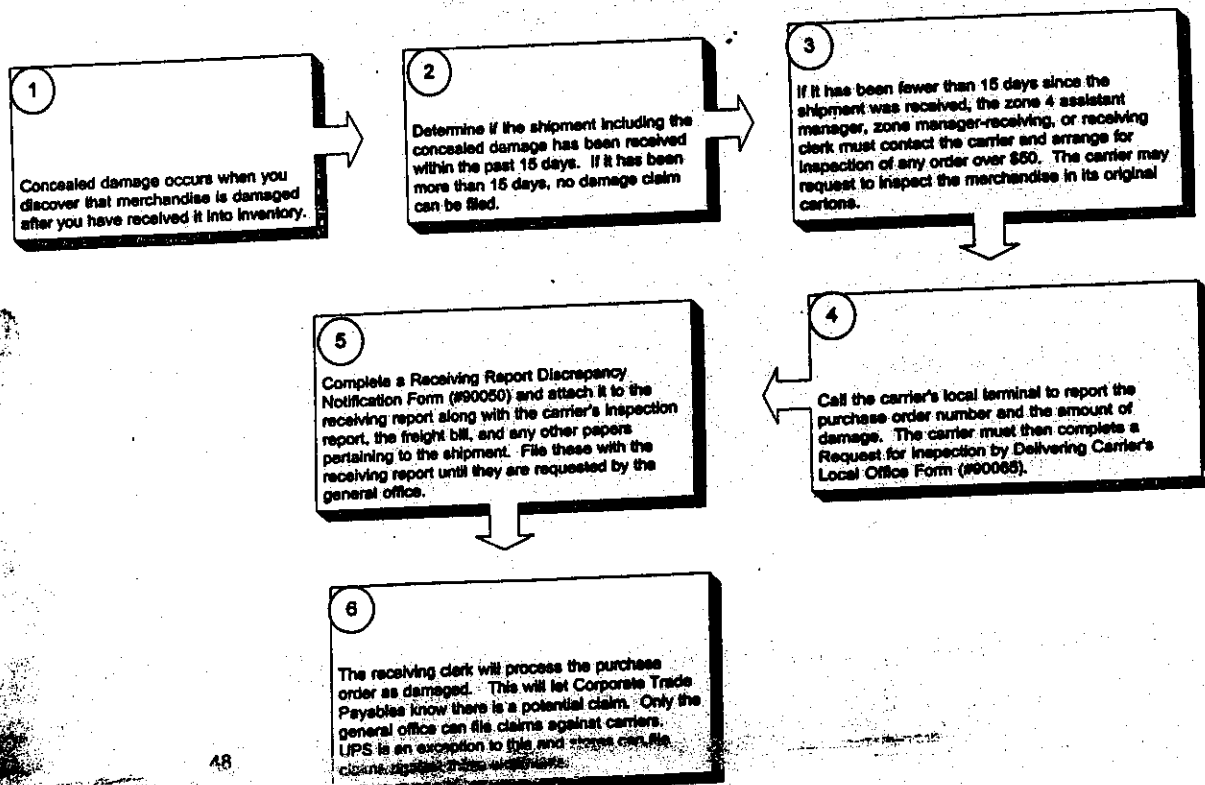


### HOW TO HANDLE DAMAGES SPECIALTY DISTRIBUTION CENTERS (SDC)/RELOAD CENTERS (CONT.)



47

### HOW TO HANDLE CONCEALED DAMAGES NON-LOWE'S SHIPPERS Includes crossdock, UPS, and Vendor Direct Shipments



48

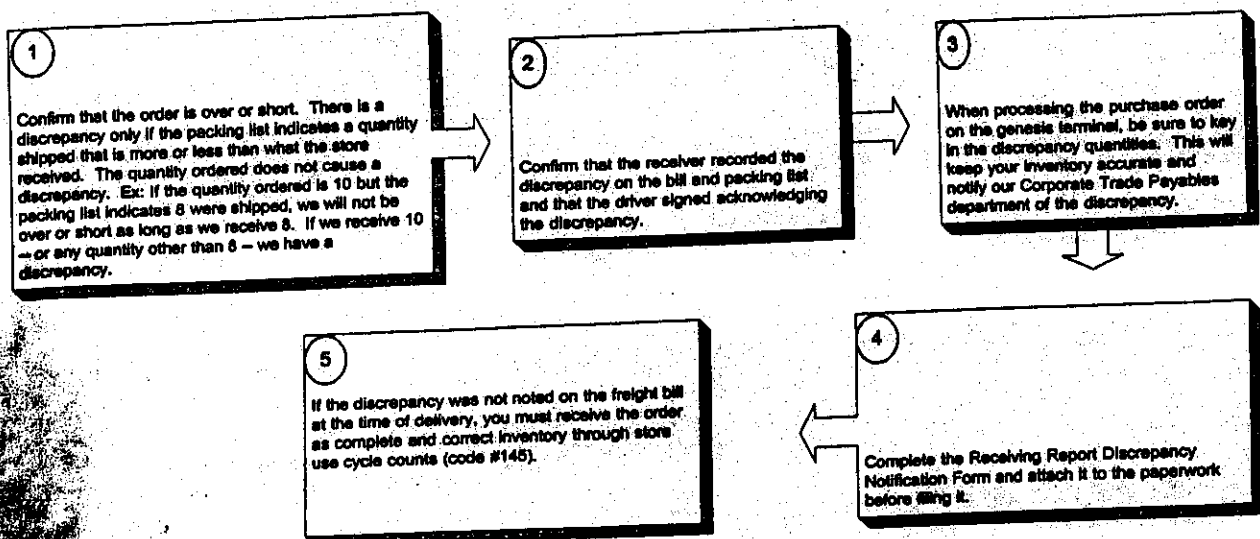
L 0078



Found in this Section  
 Non-Lowe's Shippers (Crossdocks, UPS, Vendor Direct) page 50  
 RDC - Good Faith page 51  
 SDC & Reload Centers pages 52-53

# WHAT IF IT'S OVER OR SHORT? how to handle receiving discrepancies for further information refer to P&P AD-31

## HOW TO HANDLE DISCREPANCIES - NON-LOWE'S SHIPPERS Include crossdock, UPS, and Vendor Direct Shipments



## HOW TO HANDLE DISCREPANCIES – RDC, GOOD FAITH

1  
Confirm that the requisition is over or short. Be sure that there is no other explanation (cycle count, cashier or salesperson error, theft, etc.) for the inventory discrepancy.

2  
If you are over an item, add it to inventory through a store use cycle count (code #145).

3  
If you are short an item, determine that your shortage meets the necessary guidelines for filing a claim. In order to file a claim with the RDC, the shortage must be \$250 per line item and the claim cannot be submitted more than 7 days from the delivery date.

5A  
Follow up the phone call by faxing a Good Faith Receiving Claim Sheet (#90477). Only list one requisition number per sheet, but multiple items can be listed for that requisition number.

5  
If your shortage does meet the guidelines, immediately notify by telephone the RDC Quality Assurance Coach.

4  
If your shortage does not meet the guidelines, remove it from inventory through a store use cycle count (code #145).

5B  
Do not adjust your inventory with cycle counts. After verifying that the items on your fax were intended to be on the requisition number, the RDC will issue your store credit and the HOST will update overnight.

5C  
The RDC will then have 30 days to review the claim. Unless the review indicates the discrepancy was due to TDC error, the claim will be charged back to the store. If the claim is to be charged back, the RDC Quality Assurance Coach will notify by telephone the store manager and fax a completed Good Faith Receiving Claim Sheet (#90477).

51

## HOW TO HANDLE DISCREPANCIES – SDC & RELOAD CENTERS

1  
Determine if the pallet, piece, or crossdock quantity count listed on the bill of lading is inaccurate.

2  
Immediately contact the distribution center and record the name of the person you spoke to on the bill of lading.

3  
Have the driver sign the bill to acknowledge each discrepancy.

7  
You can now begin detail receiving the crossdock shipments by labeling them with the LRT gun.

6  
You can now move the merchandise to the sales floor.

5  
Check back any discrepancies.

4  
Key in the requisition number and LRT scan all merchandise. This does not include crossdocks – they will be received under separate purchase order numbers.

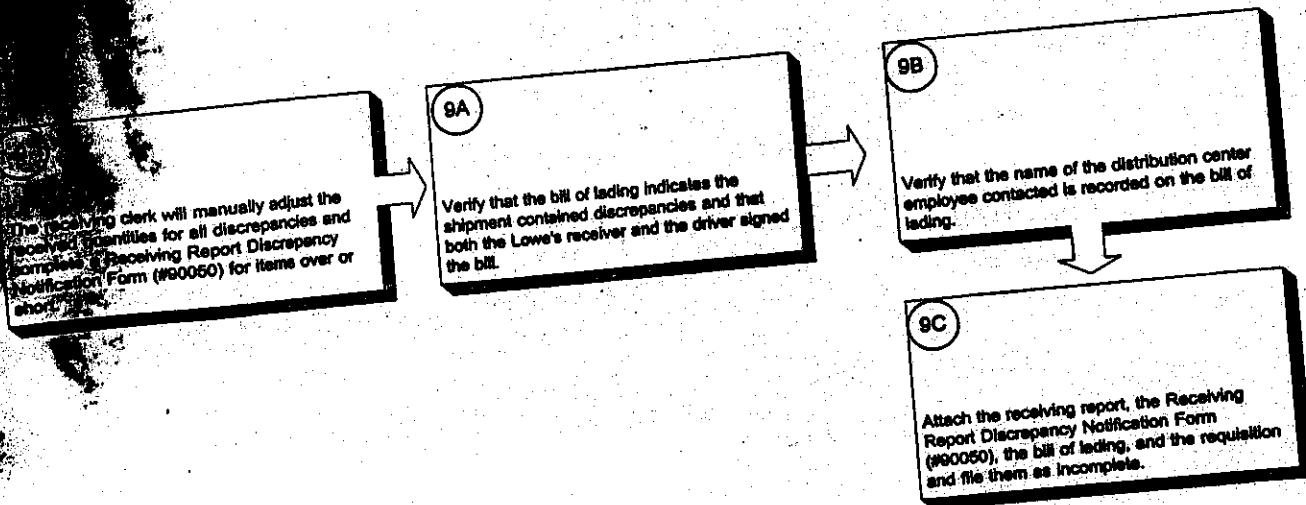
8  
Give the bill of lading to the receiving clerk for processing. The receiving clerk must process all receiving the day it is received or note on the bill the reason it cannot be processed on time.

(cont.)

52

L 0080

**HOW TO HANDLE DISCREPANCIES --  
SDC & RELOAD CENTERS  
(cont.)**



STOCK #1094  
DANVERS, MAWEEK ENDING 1/12/01NAME(Print) DAVID H. DEANSOCIAL SECURITY 015 - 44 - 0757

Date	IN	OUT	IN	OUT	TOTAL
<u>SAT</u>					
<u>SUN</u>					
<u>1/8 MON</u>	<u>6:30</u>	<u>11:15</u>	<u>12:15</u>	<u>4:00</u>	
<u>1/9 TUE</u>	<u>8:00</u>	<u>12:50</u>	<u>1:50</u>	<u>5:00</u>	
<u>1/10 WED</u>	<u>7:00</u>	<u>11:00</u>	<u>12:00</u>	<u>4:00</u>	
<u>1/11 THU</u>	<u>7:00</u>	<u>11:00</u>	<u>12:00</u>	<u>5:00</u>	
<u>1/12 FRI</u>	<u>7:00</u>	<u>1:00</u>	<u>2:00</u>	<u>6:00</u>	

TOTAL FOR WEEK \_\_\_\_\_

\*\*\* FAX TO HIRING OFFICE AT 1-978-646-8867\*\*\*

EMPLOYEE SIGNATURE David H. Dean

MANAGER VERIFICATION \_\_\_\_\_

date payroll correction sheet faxed to payroll \_\_\_\_\_

**WEEK ENDING** 1/12/01

NAME(Print) DAVID H. DEAN

**SOCIAL SECURITY** 015 - 44 - 0757

Date	IN	OUT	IN	OUT	TOTAL
SAT					
SUN					
MON					
1/16 TUE	10:00	12:00	1:00	6:00	
1/17 WED	7:00	12:00	1:00	4:00	
1/18 THU	7:00	12:00	1:00	4:00	
1/19 FRI	7:00	12:00	1:00	6:00	

**TOTAL FOR WEEK**

**\*\*\* FAX TO HIRING OFFICE AT 1-978-646-8867\*\*\***

EMPLOYEE SIGNATURE David H. Dean

MANAGER VERIFICATION Michael Baillargeon

late payroll correction sheet faxed to payroll

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	JOB#	STATUS
------	------	---------	------	---------	-----	------	--------

LOWES SPRINGFIELD

AS OF JAN 19 2001 14:22 PAGE.01

\*\*\* TX STATUS REPORT \*\*\*

L 0083



**STOCK #1094**  
**DANVERS, MA**

**WEEK ENDING** 1/12/01

**NAME(Print)** DAVID H. DEAN

**SOCIAL SECURITY** 015 - 44 - 0757

Date	IN	OUT	IN	OUT	TOTAL
SAT					
SUN					
MON					
1/16 TUE	10:00	12:00	1:00	6:00	
1/17 WED	7:00	12:00	1:00	4:00	
1/18 THU	7:00	12:00	1:00	4:00	
1/19 FRI	7:00	12:00	1:00	6:00	

**TOTAL FOR WEEK**

\*\*\* FAX TO HIRING OFFICE AT 1-978-646-8867\*\*\*

**EMPLOYEE SIGNATURE** David H. Dean

**MANAGER VERIFICATION** Michael Baillargeon

ate payroll correction sheet faxed to payroll

STORE #1094

DARTMOUTH, MA

WEEK ENDING 1/12/01NAME(Print) DAVID H. DEANSOCIAL SECURITY 015 - 44 - 0757

Date	IN	OUT	IN	OUT	TOTAL
<u>SAT</u>					
<u>SUN</u>					
<u>MON</u>					
<u>1/16 TUE</u>	<u>10:00</u>	<u>12:00</u>	<u>1:00</u>	<u>6:00</u>	
<u>1/17 WED</u>	<u>7:00</u>	<u>12:00</u>	<u>1:00</u>	<u>4:00</u>	
<u>1/18 THU</u>	<u>7:00</u>	<u>12:00</u>	<u>1:00</u>	<u>4:00</u>	
<u>1/19 FRI</u>	<u>7:00</u>	<u>12:00</u>	<u>1:00</u>	<u>6:00</u>	

TOTAL FOR WEEK

\*\*\* FAX TO HIRING OFFICE AT 1-978-646-8867\*\*\*

EMPLOYEE SIGNATURE David H. DeanMANAGER VERIFICATION Michael Gullerger

Date payroll correction sheet faxed to payroll

DATE TIME TO/FROM MODE MIN/SEC PGS JOB# STATUS

\*\*\*\*\*

# STORE #1094 DANVERS, MA

WEEK ENDING 1/12/01NAME(Print) DAVID H. DEANSOCIAL SECURITY 015 - 44 - 0157

Date	IN	OUT	IN	OUT	TOTAL
SAT					
SUN					
MON					
TUE		12:00	1:00	5:00	
WED	7:00	1:00	1:00	4:00	
THU	7:00	1:00	2:00	5:00	
FRI	7:00	1:00	2:00	5:00	

TOTAL FOR WEEK

\*\*\*FAX TO HIRING OFFICE AT 1-978-646-8867\*\*\*

EMPLOYEE SIGNATURE David H. DeanMANAGER VERIFICATION Michael Ballenger

ite payroll correction sheet faxed to payroll

**Section 1 Quiz****TRUE OR FALSE (Circle your answer choice)**

1. You should check the condition of your forklift's tires on a weekly basis.

☒ TRUE ☐ FALSE

2. Any damage that you locate on the forklift should be noted on your store's daily checklist and reported to your supervisor.

☒ TRUE ☐ FALSE

3. When you start a forklift, always make sure the parking brake is engaged.

☒ TRUE ☐ FALSE

4. Every forklift should have a fire extinguisher.

☒ TRUE ☐ FALSE

5. A seat-activated brake disengages when you sit down on the seat.

☒ TRUE ☐ FALSE

6. Empty LPG tanks should be replaced indoors.

☐ TRUE ☒ FALSE

7. Cracked or bent forks should be replaced immediately.

☒ TRUE ☐ FALSE

8. You should only charge a battery the amount of charge used during the last shift.

☒ TRUE ☐ FALSE

9. Large metal belt buckles, watches and rings should not be worn when charging a battery.

☒ TRUE ☐ FALSE

10. Always turn off the charger before disconnecting the battery.

☒ TRUE ☐ FALSE

L 0087

JAN 20 2005 15:13 FR LOWES SSO PTC

## Section 2 Quiz

### Multiple Choice

Each question has only one right answer. Circle the letter of your choice.

1. The three-point contact method is used to:
  - ☒ a. climb on and off the forklift
  - b. test the battery power
  - c. lift a pallet of merchandise
  - d. none of the above
2. When driving, your hands should be kept where?
  - a. one on the wheel and one on an upright
  - ☒ b. firmly on the wheel
  - c. one on the wheel and one on the seat
  - d. none of the above
3. The term "plugging" refers to what type of action?
  - ☒ a. changing directions on an electric forklift by reducing power and reversing direction without using the brake
  - b. carrying merchandise through a congested area
  - c. replacing the spark plugs on a gas or diesel powered machine
4. Always use your horn when
  - a. backing up
  - b. turning around a blind corner
  - c. entering a doorway
  - d. approaching customers
  - ☒ e. all of the above
5. As a forklift is turned,
  - ☒ a. the rear swings wide
  - ☒ b. the inside front wheel determines the turn angle
  - c. the forks move up several inches
  - ☒ d. a and b
  - e. b and c

L 0088



## Section 3 Quiz

### Multiple Choice

Each question has only one right answer. Circle the letter of your choice.

1. The rating capacity plate tells you what?
  - ☒ a. how much the forklift can lift at ground level and maximum height
  - b. the type of material the forklift can lift
  - c. a and b
  - d. none of the above
2. When moving pallets of bagged merchandise you should:
  - a. only lift two pallets at a time
  - ☒ b. angle the forks down to avoid puncturing the bags
  - c. carry them only while moving in reverse
  - d. none of the above
3. An inching pedal is used to:
  - a. raise the forks an inch at a time
  - b. accelerate the engine
  - ☒ c. move the forklift slowly forward
4. When approaching a stack you should:
  - ☒ a. stop before reaching the stack and raise the forks up to the proper height for loading or unloading
  - b. raise the forks as you move forward
  - c. bump the stack with the forks
  - d. none of the above
5. If you find a load that is obviously unbalanced you should do what?
  - a. not pick it up
  - b. balance the load
  - ☒ c. a or b
  - d. none of the above

L 0089

1. ~~air on your forks.~~  
TRUE FALSE
2. When you drive over railroad tracks, always cross at an angle.  
TRUE FALSE
3. Always drive in reverse when carrying a bulky load.  
TRUE FALSE
4. When carrying a load down a ramp, always drive forward.  
TRUE FALSE
5. Before unloading from a trailer, always make sure the wheels are chocked.  
TRUE FALSE

#### Section 4 Quiz

TRUE OR FALSE (Circle your answer choice)

1. A stand-up lift/reach truck is a counterbalanced machine.  
TRUE FALSE
2. The brake of stand-up machine operates like the brake of a car.  
TRUE FALSE
3. The stand-up forklift can be operated safely at high speeds.  
TRUE FALSE
4. Avoid any sudden stops and starts when operating the stand-up forklift.  
TRUE FALSE
5. Never operate the forklift from anywhere other than the operator's compartment.  
TRUE FALSE

TRUE OR FALSE (Circle your answer choice)

1. The front wheels of the pallet jack must extend beyond the lower slats of the pallet.

TRUE FALSE

2. A pallet jack should be pulled slowly and steadily.

TRUE FALSE

3. When placing a pallet on the floor, be sure no one is standing too close.

TRUE FALSE

4. Check the spot where you will be placing the pallet to be sure there is no merchandise or clutter in the way.

TRUE FALSE

5. When moving a load down a ramp with a pallet jack, stand downhill and guide the load down the incline.

TRUE FALSE

## Section 6 Quiz

TRUE OR FALSE (Circle your answer choice)

1. When operating a stockpicker, you must always wear a safety belt and tether.

TRUE FALSE

2. The overhead protection on a stockpicker is the highest part of the machine.

TRUE FALSE

3. When traveling with a stockpicker, you should stand out on the pallet.

TRUE FALSE

4. Always try to evenly distribute merchandise on the pallet.

TRUE FALSE

5. Always lower the stockpicker to the ground before traveling any great distance.

TRUE FALSE

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TRUE OR FALSE (Circle your answer choice)

1. The load on the forks is balanced by the rest of the forklift.  
☒ TRUE ☐ FALSE
2. A forklift's center of gravity moves down as a load is lifted up.  
☒ TRUE ☐ FALSE
3. Loads should always be carried low to the ground and up against the carriage.  
☒ TRUE ☐ FALSE
4. If your forklift starts to tip over, jump clear immediately.  
☐ TRUE ☒ FALSE
5. A forklift is balanced in a similar way to a seesaw across the front load wheels.  
☒ TRUE ☐ FALSE

**I. NOTICE OF LOWE'S POLICIES** - LOWE'S IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL ADMINISTER ALL PERSONNEL PRACTICES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY. IT IS THE COMPANY'S INTENTION TO MAINTAIN A WORKING ENVIRONMENT FREE OF DISCRIMINATION OF ANY KIND.

DISCRIMINATION, INCLUDING SEXUAL HARASSMENT OR OTHER UNLAWFUL HARASSMENT, BY SUPERVISORS, FELLOW EMPLOYEES OR CUSTOMERS IS STRICTLY AGAINST POLICY AND WILL NOT BE TOLERATED.

THE SALE AND/OR USE OF ILLEGAL DRUGS OR ALCOHOL ON THE PREMISES OR BEING UNDER THE INFLUENCE OF ILLEGAL DRUGS OR ALCOHOL WHILE IN THE PERFORMANCE OF JOB DUTIES IS STRICTLY FORBIDDEN AND COULD RESULT IN TERMINATION OF EMPLOYMENT.

WORKING "OFF-THE-CLOCK" BY OVERTIME ELIGIBLE AND COMMISSIONED STAFF IS STRICTLY FORBIDDEN AND COULD RESULT IN TERMINATION OF EMPLOYMENT FOR THOSE AT FAULT. EMPLOYEES ARE ENTITLED TO PAYMENT FOR ALL ELIGIBLE HOURS AND ARE ENCOURAGED TO REPORT ANY ACTUAL OR SUSPECTED "OFF-THE-CLOCK" WORK.

IF YOU ARE SUBJECTED TO DISCRIMINATION, INCLUDING SEXUAL HARASSMENT, OR IF YOU ARE AWARE OF A VIOLATION OF ANY OF THE POLICIES ABOVE, REPORT IT IMMEDIATELY TO YOUR STORE/LOCATION MANAGER (G.O. EMPLOYEES REPORT IT TO DEPARTMENT HEAD). IF IMMEDIATE SATISFACTORY ACTION IS NOT TAKEN, CALL OR WRITE LOWE'S INTERNAL AUDIT DEPARTMENT, P. O. BOX 1111, NORTH WILKESBORO, NC 28656 (PHONE 336-658-4374 COLLECT).

THE UNDERSIGNED HEREBY ACKNOWLEDGES NOTICE AND UNDERSTANDING OF THESE POLICIES.

INITIAL  
D.H.D

**II. LOWE'S EMPLOYEE ORIENTATION GUIDE** - I CERTIFY THAT I HAVE RECEIVED A COPY OF THE LOWE'S ORIENTATION GUIDE. I UNDERSTAND THAT THIS REFERENCE GUIDE, ITS CONTENTS AND ANY SUBSEQUENT ADDITIONS OR REVISIONS THERETO DO NOT CONSTITUTE ANY CONTRACTUAL OBLIGATIONS ON LOWE'S OR MYSELF. I FURTHER UNDERSTAND THAT THE COMPANY RESERVES ITS RIGHT TO MODIFY, CHANGE, SUSPEND OR CANCEL AT ANY TIME, WITH OR WITHOUT WRITTEN OR VERBAL NOTICE ANY OR ALL OF THE SUBJECTS CONTAINED HEREIN.

IT IS AGREED THAT THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY IS AT WILL AND IS TERMINABLE AT THE WILL OF EITHER PARTY.

INITIAL  
D.H.D

**III. LOWE'S CODE OF ETHICS**

I ACKNOWLEDGE THAT I AM AWARE OF, UNDERSTAND AND WILL COMPLY WITH THE LOWE'S CODE OF ETHICS AS DESCRIBED IN LOWE'S ORIENTATION WORKBOOK AND SET FORTH IN THE "CODE OF ETHICS" PAMPHLET.

INITIAL  
D.H.D

**IV. DATA SECURITY STATEMENT**

LOWE'S COMPUTER RESOURCES, SOFTWARE AND DATA ARE LICENSED EXCLUSIVELY TO/AND/OR ARE THE PROPERTY OF LOWE'S AND SHALL BE USED SOLELY FOR THE PURPOSE OF CONDUCTING LOWE'S BUSINESS. I AGREE TO ABIDE BY ALL COMPANY POLICIES IN THE USE OF LOWE'S COMPUTER RESOURCES, SOFTWARE AND DATA.

INITIAL  
D.H.D

**V. CONTRACT OF EMPLOYMENT**

MASS State  
ESSEX County

This agreement, made this 16 day of JAN., 20 01 by and between

LOWE'S HM CTR INC. Employer and David H. Dea Employee,  
CORPORATION NAME

and in consideration of the application for employment and of the mutual covenants herein contained, witnesseth as follows:

1. The said DAVID DEAN agrees to give his/her undivided time and service in the employ of the above named corporation or any affiliate thereof in such capacity as the said employer may direct.
2. It is further agreed by and between the parties hereto that this agreement shall be for an indefinite term and shall be terminable at the will of either party without notice and without cause.
3. It is further agreed that any employee who uses illegal drugs or alcohol, while in the performance of his job, may be dismissed from employment with Lowe's.
4. It is further agreed by and between the parties hereto that this agreement shall constitute the entire contract and agreement between the said parties and shall not be varied, changed, altered, or contradicted by the said parties orally, and no change of any of the provisions herein shall be valid unless approved in writing by the President of Lowe's.

By Jennie (Seal)  
MANAGER SIGNATURE

Acting as agent for LOWE'S HM. CTR INC. (Seal)  
CORPORATION NAME  
David H. Dea  
EMPLOYEE SIGNATURE

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I hereby acknowledge I have read and understand the following:

- |                              |                                  |
|------------------------------|----------------------------------|
| I. Notice of Lowe's Policies | IV. Data Security Statement      |
| II. Lowe's Orientation Guide | V. Lowe's Contract of Employment |
| III. Lowe's Code of Ethics   |                                  |

SOCIAL SECURITY # 015-44-0757

EMPLOYEE SIGNATURE David H. Dea DATE 1/6/01

RETAIN IN EMPLOYEE PERSONNEL FILE



# POST OFFER QUESTIONNAIRE

EMPLOYEE NAME DAVID H. DEAN STORE # 1094

1. Are there any physical or mental limitations which might keep you from performing the job you have been offered?

☒ No ☐ Yes

*If yes, please complete the information below.*

\* Nature of the limitation \_\_\_\_\_

- \* Do you have a medical condition which may cause an emergency situation that you feel we need to be aware of?

☐ No ☒ Yes

*If yes, describe*

ASTHMA

- \* Can you provide a physician's statement releasing you from any work restriction? ☒ No ☐ Yes

\* List any accommodations you need to perform the job duties. \_\_\_\_\_

2. If the job you have been offered requires lifting, please complete the information below.

\* Have you ever been treated for a back injury? ☒ No ☐ Yes

\* If yes, can you provide a physician's statement releasing you from any work restriction? ☐ No ☐ Yes

\* List any accommodations you need to perform the job. \_\_\_\_\_

3. Have you ever filed a Workers' Compensation claim? ☒ No ☐ Yes

*If yes, please complete the information below in regard to the claim.*

\* Date of Injury \_\_\_\_\_ Employer \_\_\_\_\_

\* Nature of Injury \_\_\_\_\_

\* Describe how you were injured \_\_\_\_\_

\* Who or what did your employer determine caused the accident? \_\_\_\_\_

\* Did you receive a settlement as a result of your injury? ☒ No ☐ Yes

\* Can you provide a physician's statement releasing you from any work restriction? ☐ No ☐ Yes

**If you have filed more than one claim, please attach an additional page(s) to provide this information.**

Employee Signature

David H. Dean

Date

1/06/01

**COMPLETED POST OFFER QUESTIONNAIRES SHOULD BE FILED IN THE EMPLOYEE'S MEDICAL FILE AT THE LOCATION. DO NOT MAIL TO THE GO.**

**RETAIN IN THE LOCATION EMPLOYEE MEDICAL FILE**